

YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
5,844 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	4,630	134,297	\$ 2,416,578.30	\$ 17.99	22.980	\$ 521.94	\$ 413.51		
@PHYSICIANS SERVICES	913	2,523	\$ 35,273.22	\$ 13.98	.432	\$ 38.63	\$ 6.04		
OUTPATIENT VISITS	8	12	399.05	33.25	.002	49.88	.07		
OFFICE VISITS	8	12	399.05	33.25	.002	49.88	.07		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	14	14	221.87	15.85	.002	15.85	.04		
EXAMINATIONS	14	14	221.87	15.85	.002	15.85	.04		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	1	1	8.22	8.22	.000	8.22	.00		
RADIOLOGY	9	12	234.03	19.50	.002	26.00	.04		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	2	2	27.52	13.76	.000	13.76	.00		
OTHER SERVICES/ALL X-OVERS	887	2,482	34,382.53	13.85	.425	38.76	5.88		
@PHARMACY	3,802	46,669	\$ 1,321,915.69	\$ 28.33	7.986	\$ 347.69	\$ 226.20		
PRESCRIPTION DRUGS	3,719	15,258	1,287,522.22	84.38	2.611	346.20	220.32		
SNF/ICF	67	482	25,150.18	52.18	.082	375.38	4.30		
OUTPATIENTS	3,658	14,776	1,262,372.04	85.43	2.528	345.10	216.01		
MEDICAL SUPPLIES	501	31,411	34,393.47	1.09	5.375	68.65	5.89		
@DENTIST	169	737	\$ 36,677.00	\$ 49.77	.126	\$ 217.02	\$ 6.28		
VISITS - DIAGNOSTIC	109	407	4,461.00	10.96	.070	40.93	.76		
ORAL SURGERY	32	88	4,051.00	46.03	.015	126.59	.69		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02		
PERIODONTICS	13	13	1,471.00	113.15	.002	113.15	.25		
ENDODONTICS	6	12	3,205.00	267.08	.002	534.17	.55		
RESTORATIVE DENTISTRY	30	82	5,565.00	67.87	.014	185.50	.95		
PROSTHETICS	5	6	120.00	20.00	.001	24.00	.02		
DENTURES, STAYPLATES	48	124	17,704.00	142.77	.021	368.83	3.03		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00		

YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		-----	
5,844 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@OPTOMETRIST	132	335	\$ 6,314.43	\$ 18.85	.057	\$ 47.84	\$ 1.08			
DIAGNOSTIC AND ANC. PROCED	14	14	409.24	29.23	.002	29.23	.07			
EYE APPLIANCES	104	289	4,883.29	16.90	.049	46.95	.84			
OTHER OPTOMETRIC SERVICES	20	32	1,021.90	31.93	.005	51.10	.17			
@CHIROPRACTOR	6	9	\$ 150.48	\$ 16.72	.002	\$ 25.08	\$ .03			
VISITS	0	0	.00	.00	.000	.00	.00			
OTHER SERVICES	6	9	150.48	16.72	.002	25.08	.03			
@PODIATRIST	57	83	\$ 521.22	\$ 6.28	.014	\$ 9.14	\$ .09			
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00			
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00			
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00			
OTHER	57	83	521.22	6.28	.014	9.14	.09			
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00			
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00			
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00			
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00			
FAMILY NURSE PRACTITIONER	5	11	\$ 196.02	\$ 17.82	.002	\$ 39.20	\$ .03			
@TOTAL HOSPITAL	286	898	\$ 542,078.46	\$ 603.65	.154	\$ 1895.38	\$ 92.76			
HOSP INPATIENT TOTAL	103	161	522,362.47	3244.49	.028	5071.48	89.38			
HSC HOSPITALS	3	11	13,618.08	1238.01	.002	4539.36	2.33			
NON-HSC HOSPITAL TOTAL	23	150	447,035.64	2980.24	.026	19436.33	76.49			
ACCOMMODATIONS	23	150	84,424.03	562.83	.026	3670.61	14.45			
ADMINISTRATIVE DAYS	1	3	599.82	199.94	.001	599.82	.10			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	22	147	83,824.21	570.23	.025	3810.19	14.34			
ANCILLARIES	23	0	362,611.61	.00	.000	15765.72	62.05			
INPATIENT CROSSOVERS	77	0	61,708.75	.00	.000	801.41	10.56			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00			
HOSP OUTPATIENT TOTAL	194	737	19,715.99	26.75	.126	101.63	3.37			
MEDICAL	0	0	.00	.00	.000	.00	.00			
SURGERY	0	0	.00	.00	.000	.00	.00			
PATHOLOGY	0	0	.00	.00	.000	.00	.00			
RADIOLOGY	2	3	416.20	138.73	.001	208.10	.07			
ROOM USE	0	0	.00	.00	.000	.00	.00			
CROSSOVERS/ALL OTH OUTPTNT	192	734	19,299.79	26.29	.126	100.52	3.30			
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00			
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00			
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00			
ANCILLARIES	0	0	.00	.00	.000	.00	.00			
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00			
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00			
MEDICAL	0	0	.00	.00	.000	.00	.00			
SURGERY	0	0	.00	.00	.000	.00	.00			
PATHOLOGY	0	0	.00	.00	.000	.00	.00			

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,243

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

YUBA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - AGED      AID CODE 10

5,844 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	286	898	\$ 542,078.46	\$ 603.65	.154	\$ 1895.38	\$ 92.76
COMM HOSP INPATIENT TOTAL	103	161	522,362.47	3244.49	.028	5071.48	89.38
HSC HOSPITALS	3	11	13,618.08	1238.01	.002	4539.36	2.33
NON-HSC HOSPITALS TOTAL	23	150	447,035.64	2980.24	.026	19436.33	76.49
ACCOMMODATIONS	23	150	84,424.03	562.83	.026	3670.61	14.45
ADMINISTRATIVE DAYS	1	3	599.82	199.94	.001	599.82	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	147	83,824.21	570.23	.025	3810.19	14.34
ANCILLARIES	23	0	362,611.61	.00	.000	15765.72	62.05
INPATIENT CROSSOVERS	77	0	61,708.75	.00	.000	801.41	10.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	194	737	19,715.99	26.75	.126	101.63	3.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	416.20	138.73	.001	208.10	.07
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	192	734	19,299.79	26.29	.126	100.52	3.30
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	86	1,602	\$ 243,985.48	\$ 152.30	.274	\$ 2837.04	\$ 41.75
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	86	1,602	243,985.48	152.30	.274	2837.04	41.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	32	48	\$ 20,393.74	\$ 424.87	.008	\$ 637.30	\$ 3.49
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	32	48	20,393.74	424.87	.008	637.30	3.49
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	76	\$ 666.35	\$ 8.77	.013	\$ 31.73	\$ .11
PATHOLOGY	12	59	516.93	8.76	.010	43.08	.09
XO AND OTHERS	9	17	149.42	8.79	.003	16.60	.03
@ORGANIZED OUTPATIENT CLINIC	855	1,828	\$ 56,500.71	\$ 30.91	.313	\$ 66.08	\$ 9.67
CLINIC	12	232	4,479.07	19.31	.040	373.26	.77
SURGICENTER	18	22	2,888.76	131.31	.004	160.49	.49
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	830	1,574	49,132.88	31.22	.269	59.20	8.41

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,244

5,844 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,097	79,478	\$ 151,905.50	\$ 1.91	13.600	\$ 138.47	\$ 25.99
DURABLE MED. EQUIP.	25	64	2,673.96	41.78	.011	106.96	.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	31	47	3,700.86	78.74	.008	119.38	.63
MEDICAL TRANSPORTATION	48	5,586	17,623.54	3.15	.956	367.16	3.02
AMBULANCES/AIR TRANS	1	1	118.20	118.20	.000	118.20	.02
OTHER TRANS	32	5,506	17,110.75	3.11	.942	534.71	2.93
OTHER SERVICES	15	79	394.59	4.99	.014	26.31	.07
ACUPUNCTURE	4	7	135.14	19.31	.001	33.79	.02
ADULT DAY HEALTH CARE CTR	12	211	14,681.38	69.58	.036	1223.45	2.51
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	141	953	65,193.40	68.41	.163	462.36	11.16
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	131	319	3,680.26	11.54	.055	28.09	.63
PHYSICAL THERAPIST	1	1	.81	.81	.000	.81	.00
PORTABLE X-RAY	4	4	2.81	.70	.001	.70	.00
PROSTHETIST/ORTHOTISTS	5	12	326.60	27.22	.002	65.32	.06
PROSTHETICS	5	12	326.60	27.22	.002	65.32	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	28	51	4,854.42	95.18	.009	173.37	.83
HOSPICE SERVICES	6	90	8,869.04	98.54	.015	1478.17	1.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	5	64.55	12.91	.001	64.55	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	771	72,128	30,098.73	.42	12.342	39.04	5.15
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,763	10,472	\$ 222,798.25	\$ 21.28	1.792	\$ 126.37	\$ 38.12

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,245

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

741 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	615	15,202	\$ 628,002.10	\$ 41.31	20.516	\$ 1021.14	\$ 847.51
@PHYSICIANS SERVICES	178	655	\$ 34,801.41	\$ 53.13	.884	\$ 195.51	\$ 46.97
OUTPATIENT VISITS	60	82	3,167.55	38.63	.111	52.79	4.27
OFFICE VISITS	47	62	2,050.18	33.07	.084	43.62	2.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.003	68.35	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	9	675.98	75.11	.012	225.33	.91
OTHER OUTPATIENT	8	9	304.69	33.85	.012	38.09	.41
INPATIENT VISITS	15	80	3,885.09	48.56	.108	259.01	5.24
HOSPITAL VISITS	14	75	3,463.99	46.19	.101	247.43	4.67
CRITICAL CARE	1	3	302.10	100.70	.004	302.10	.41

SNF/ICF/TRANS IP CARE	2	2		119.00	59.50	.003	59.50	.16
OPHTHALMOLOGICAL SERVICES	12	11		428.20	38.93	.015	35.68	.58
EXAMINATIONS	12	11		428.20	38.93	.015	35.68	.58
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	51		3,150.41	61.77	.069	350.05	4.25
PRINCIPAL SURGEON	8	9		1,993.00	221.44	.012	249.13	2.69
ASSISTANT SURGEON	1	1		107.22	107.22	.001	107.22	.14
ANESTHESIOLOGIST	5	41		1,050.19	25.61	.055	210.04	1.42
OUTPATIENT SURGERY	15	37		8,106.88	219.10	.050	540.46	10.94
PRINCIPAL SURGEON	12	20		7,410.33	370.52	.027	617.53	10.00
ASSISTANT SURGEON	1	1		244.60	244.60	.001	244.60	.33
ANESTHESIOLOGIST	3	16		451.95	28.25	.022	150.65	.61
DIALYSIS	16	50		3,690.53	73.81	.067	230.66	4.98
PATHOLOGY	1	1		8.08	8.08	.001	8.08	.01
RADIOLOGY	54	124		7,200.96	58.07	.167	133.35	9.72
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		12.43	6.22	.003	12.43	.02
OTHER SERVICES/ALL X-OVERS	84	217		5,151.28	23.74	.293	61.32	6.95
@PHARMACY	467	6,006	\$	184,072.01	\$ 30.65	8.105	\$ 394.16	\$ 248.41
PRESCRIPTION DRUGS	451	1,990		172,432.18	86.65	2.686	382.33	232.70
SNF/ICF	9	134		7,719.80	57.61	.181	857.76	10.42
OUTPATIENTS	443	1,856		164,712.38	88.75	2.505	371.81	222.28
MEDICAL SUPPLIES	97	4,016		11,639.83	2.90	5.420	120.00	15.71
@DENTIST	20	80	\$	3,359.00	\$ 41.99	.108	\$ 167.95	\$ 4.53
VISITS - DIAGNOSTIC	11	50		568.00	11.36	.067	51.64	.77
ORAL SURGERY	3	3		296.00	98.67	.004	98.67	.40
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	4		409.00	102.25	.005	102.25	.55
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		117.00	58.50	.003	117.00	.16
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	6	21	1,969.00	93.76	.028	328.17	2.66
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,246  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

741 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	26	\$ 482.96	\$ 18.58	.035	\$ 60.37	\$ .65
DIAGNOSTIC AND ANC. PROCED	4	5	152.23	30.45	.007	38.06	.21
EYE APPLIANCES	6	21	330.73	15.75	.028	55.12	.45
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	14	\$ 200.64	\$ 14.33	.019	\$ 50.16	\$ .27
VISITS	4	14	200.64	14.33	.019	50.16	.27
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	29	\$ 511.26	\$ 17.63	.039	\$ 31.95	\$ .69
MEDICINE/INJECTIONS	11	19	444.00	23.37	.026	40.36	.60
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	8.65	8.65	.001	8.65	.01
OTHER	5	9	58.61	6.51	.012	11.72	.08
@HOME HEALTH AGENCY	24	2,213	\$ 67,310.10	\$ 30.42	2.987	\$ 2804.59	\$ 90.84
NURSE ANESTHESIST	1	3	\$ 81.77	\$ 27.26	.004	\$ 81.77	\$ .11
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	17	46	\$ 672.28	\$ 14.61	.062	\$ 39.55	\$ .91
@TOTAL HOSPITAL	94	545	\$ 195,361.17	\$ 358.46	.735	\$ 2078.31	\$ 263.65
HOSP INPATIENT TOTAL	21	97	183,301.25	1889.70	.131	8728.63	247.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	15	97	178,552.92	1840.75	.131	11903.53	240.96
ACCOMMODATIONS	15	97	46,992.23	484.46	.131	3132.82	63.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	97	46,992.23	484.46	.131	3132.82	63.42
ANCILLARIES	15	0	131,560.69	.00	.000	8770.71	177.54
INPATIENT CROSSOVERS	6	0	4,748.33	.00	.000	791.39	6.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	448	12,059.92	26.92	.605	141.88	16.28
MEDICAL	30	61	2,742.17	44.95	.082	91.41	3.70
SURGERY	13	13	794.45	61.11	.018	61.11	1.07
PATHOLOGY	37	178	2,193.88	12.33	.240	59.29	2.96
RADIOLOGY	33	41	2,860.18	69.76	.055	86.67	3.86
ROOM USE	37	44	1,853.01	42.11	.059	50.08	2.50
CROSSOVERS/ALL OTH OUTPTNT	36	111	1,616.23	14.56	.150	44.90	2.18
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,247  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

741 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	545	\$ 195,361.17	\$ 358.46	.735	\$ 2078.31	\$ 263.65
COMM HOSP INPATIENT TOTAL	21	97	183,301.25	1889.70	.131	8728.63	247.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	15	97	178,552.92	1840.75	.131	11903.53	240.96
ACCOMMODATIONS	15	97	46,992.23	484.46	.131	3132.82	63.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	97	46,992.23	484.46	.131	3132.82	63.42
ANCILLARIES	15	0	131,560.69	.00	.000	8770.71	177.54
INPATIENT CROSSOVERS	6	0	4,748.33	.00	.000	791.39	6.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	448	12,059.92	26.92	.605	141.88	16.28
MEDICAL	30	61	2,742.17	44.95	.082	91.41	3.70
SURGERY	13	13	794.45	61.11	.018	61.11	1.07
PATHOLOGY	37	178	2,193.88	12.33	.240	59.29	2.96
RADIOLOGY	33	41	2,860.18	69.76	.055	86.67	3.86
ROOM USE	37	44	1,853.01	42.11	.059	50.08	2.50
CROSSOVERS/ALL OTH OUTPTNT	36	111	1,616.23	14.56	.150	44.90	2.18
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	139	\$ 16,599.15	\$ 119.42	.188	\$ 4149.79	\$ 22.40
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	139	16,599.15	119.42	.188	4149.79	22.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	32	1,007	\$ 58,942.19	\$ 58.53	1.359	\$ 1841.94	\$ 79.54
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	32	1,007	58,942.19	58.53	1.359	1841.94	79.54
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	59	270	\$ 3,155.09	\$ 11.69	.364	\$ 53.48	\$ 4.26
PATHOLOGY	59	270	3,155.09	11.69	.364	53.48	4.26
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	177	357	\$	24,410.20	\$	68.38	.482	\$	137.91	\$	32.94
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	4	15		1,031.55		68.77	.020		257.89		1.39
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	175	342		23,378.65		68.36	.462		133.59		31.55

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,248  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

741 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	130	3,812	\$ 38,042.87	\$ 9.98	5.144	\$ 292.64	\$ 51.34
DURABLE MED. EQUIP.	24	47	11,339.29	241.26	.063	472.47	15.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	9	225.00	25.00	.012	56.25	.30
MEDICAL TRANSPORTATION	36	3,495	17,169.41	4.91	4.717	476.93	23.17
AMBULANCES/AIR TRANS	17	151	3,526.86	23.36	.204	207.46	4.76
OTHER TRANS	22	3,342	13,615.05	4.07	4.510	618.87	18.37
OTHER SERVICES	1	2	27.50	13.75	.003	27.50	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	73.06	73.06	.001	73.06	.10
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	17	90	7,422.19	82.47	.121	436.60	10.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	24	321.22	13.38	.032	40.15	.43
PHYSICAL THERAPIST	5	31	446.88	14.42	.042	89.38	.60
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	80.69	80.69	.001	80.69	.11
PROSTHETICS	1	1	80.69	80.69	.001	80.69	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	72.70	36.35	.003	36.35	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	24	184.15	7.67	.032	36.83	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	88	708.28	8.05	.119	19.67	.96
@CALIF. CHILDREN SERVICES*	23	112	\$ 18,366.16	\$ 163.98	.151	\$ 798.53	\$ 24.79
@XOVER EXCLUDING STATE HOSP**	92	316	\$ 20,716.95	\$ 65.56	.426	\$ 225.18	\$ 27.96

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,249
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

39,574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36,140	706,513	\$ 27,655,484.77	\$ 39.14	17.853	\$ 765.23	\$ 698.83
@PHYSICIANS SERVICES	9,496	36,716	\$ 1,163,276.30	\$ 31.68	.928	\$ 122.50	\$ 29.39
OUTPATIENT VISITS	3,454	4,833	167,074.58	34.57	.122	48.37	4.22
OFFICE VISITS	3,004	4,186	137,062.48	32.74	.106	45.63	3.46
HOME VISITS	31	36	1,788.40	49.68	.001	57.69	.05
EMERGENCY ROOM	184	207	13,536.91	65.40	.005	73.57	.34



PREVENTIVE CARE	3	3	106.77	35.59	.000	35.59	.00
OB VISITS/COMPRE PERI	34	45	4,253.44	94.52	.001	125.10	.11
OTHER OUTPATIENT	293	356	10,326.58	29.01	.009	35.24	.26
INPATIENT VISITS	521	2,043	104,779.93	51.29	.052	201.11	2.65
HOSPITAL VISITS	461	1,746	77,724.96	44.52	.044	168.60	1.96
CRITICAL CARE	47	174	23,052.83	132.49	.004	490.49	.58
SNF/ICF/TRANS IP CARE	62	123	4,002.14	32.54	.003	64.55	.10
OPHTHALMOLOGICAL SERVICES	338	447	17,263.36	38.62	.011	51.08	.44
EXAMINATIONS	335	441	17,108.07	38.79	.011	51.07	.43
SERVICES AND MATERIALS	6	6	155.29	25.88	.000	25.88	.00
INPATIENT HOSPITAL SURGERY	324	1,864	171,726.33	92.13	.047	530.02	4.34
PRINCIPAL SURGEON	254	370	131,915.67	356.53	.009	519.35	3.33
ASSISTANT SURGEON	40	40	9,841.82	246.05	.001	246.05	.25
ANESTHESIOLOGIST	110	1,454	29,968.84	20.61	.037	272.44	.76
OUTPATIENT SURGERY	511	1,335	133,315.88	99.86	.034	260.89	3.37
PRINCIPAL SURGEON	424	565	115,333.52	204.13	.014	272.01	2.91
ASSISTANT SURGEON	6	6	849.41	141.57	.000	141.57	.02
ANESTHESIOLOGIST	114	764	17,132.95	22.43	.019	150.29	.43
DIALYSIS	73	209	19,413.26	92.89	.005	265.94	.49
PATHOLOGY	333	655	10,637.68	16.24	.017	31.94	.27
RADIOLOGY	3,170	6,196	240,175.94	38.76	.157	75.77	6.07
PSYCHIATRY	6	6	238.19	39.70	.000	39.70	.01
IMMUNIZATION AND INJECTION	187	1,041	8,676.67	8.33	.026	46.40	.22
OTHER SERVICES/ALL X-OVERS	4,239	18,087	289,974.48	16.03	.457	68.41	7.33
@PHARMACY	27,279	334,800	\$ 13,747,173.05	\$ 41.06	8.460	\$ 503.95	\$ 347.38
PRESCRIPTION DRUGS	26,883	122,442	12,855,513.32	104.99	3.094	478.20	324.85
SNF/ICF	233	2,574	201,273.36	78.19	.065	863.83	5.09
OUTPATIENTS	26,695	119,868	12,654,239.96	105.57	3.029	474.03	319.76
MEDICAL SUPPLIES	2,915	212,358	891,659.73	4.20	5.366	305.89	22.53
@DENTIST	1,746	8,126	\$ 345,800.44	\$ 42.55	.205	\$ 198.05	\$ 8.74
VISITS - DIAGNOSTIC	1,117	4,807	59,825.79	12.45	.121	53.56	1.51
ORAL SURGERY	282	900	50,024.00	55.58	.023	177.39	1.26
DRUGS	10	10	215.00	21.50	.000	21.50	.01
ANESTHESIA	14	14	1,390.00	99.29	.000	99.29	.04
PERIODONTICS	106	113	12,608.00	111.58	.003	118.94	.32
ENDODONTICS	101	152	34,415.00	226.41	.004	340.74	.87
RESTORATIVE DENTISTRY	494	1,339	84,298.65	62.96	.034	170.65	2.13
PROSTHETICS	12	14	890.00	63.57	.000	74.17	.02
DENTURES, STAYPLATES	232	627	94,588.00	150.86	.016	407.71	2.39
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	146.00	48.67	.000	48.67	.00
FRACTURES, DISLOCATIONS	1	1	500.00	500.00	.000	500.00	.01
ORTHODONTIC SERVICES	53	75	6,675.00	89.00	.002	125.94	.17
ALL OTHER SERVICES	68	71	225.00	3.17	.002	3.31	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,250
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			

					----- MONTHLY AVERAGE -----		
39,574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,027	3,012	\$ 62,286.43	\$ 20.68	.076	\$ 60.65	\$ 1.57
DIAGNOSTIC AND ANC. PROCED	536	642	23,254.18	36.22	.016	43.38	.59
EYE APPLIANCES	822	2,317	37,619.88	16.24	.059	45.77	.95
OTHER OPTOMETRIC SERVICES	37	53	1,412.37	26.65	.001	38.17	.04
@CHIROPRACTOR	347	1,089	\$ 16,939.80	\$ 15.56	.028	\$ 48.82	\$ .43
VISITS	331	1,053	16,502.64	15.67	.027	49.86	.42

OTHER SERVICES	16	36		437.16		12.14	.001	27.32		.01
@PODIATRIST	181	214	\$	2,583.22	\$	12.07	.005	\$ 14.27	\$	.07
MEDICINE/INJECTIONS	43	44		1,153.60		26.22	.001	26.83		.03
SURGERY/ANES.	2	2		265.45		132.73	.000	132.73		.01
RADIO./PATHOLOGY	3	3		51.90		17.30	.000	17.30		.00
OTHER	136	165		1,112.27		6.74	.004	8.18		.03
@HOME HEALTH AGENCY	271	3,270	\$	150,934.69	\$	46.16	.083	\$ 556.95	\$	3.81
NURSE ANESTHESIST	25	291	\$	2,366.50	\$	8.13	.007	\$ 94.66	\$	.06
NURSE MIDWIFE	11	22	\$	10,329.07	\$	469.50	.001	\$ 939.01	\$	.26
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$ 57.20	\$	.00
FAMILY NURSE PRACTITIONER	1,240	2,955	\$	43,709.78	\$	14.79	.075	\$ 35.25	\$	1.10
@TOTAL HOSPITAL	5,891	33,202	\$	7,638,585.23	\$	230.06	.839	\$ 1296.65	\$	193.02
HOSP INPATIENT TOTAL	779	3,312		6,585,875.38		1988.49	.084	8454.27		166.42
HSC HOSPITALS	86	463		589,371.10		1272.94	.012	6853.15		14.89
NON-HSC HOSPITAL TOTAL	507	2,849		5,820,902.71		2043.14	.072	11481.07		147.09
ACCOMMODATIONS	506	2,849		1,449,229.43		508.68	.072	2864.09		36.62
ADMINISTRATIVE DAYS	4	22		4,894.39		222.47	.001	1223.60		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	502	2,827		1,444,335.04		510.91	.071	2877.16		36.50
ANCILLARIES	507	0		4,371,673.28		.00	.000	8622.63		110.47
INPATIENT CROSSEOVERS	198	0		175,601.57		.00	.000	886.88		4.44
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5,458	29,890		1,052,709.85		35.22	.755	192.87		26.60
MEDICAL	1,860	3,504		178,988.80		51.08	.089	96.23		4.52
SURGERY	426	528		27,158.51		51.44	.013	63.75		.69
PATHOLOGY	2,066	10,924		134,576.51		12.32	.276	65.14		3.40
RADIOLOGY	2,237	3,543		294,368.46		83.08	.090	131.59		7.44
ROOM USE	2,084	2,971		121,499.42		40.90	.075	58.30		3.07
CROSSEOVERS/ALL OTH OUTPTNT	2,153	8,420		296,118.15		35.17	.213	137.54		7.48
@COUNTY HOSPITAL TOTAL	9	39	\$	1,200.07	\$	30.77	.001	\$ 133.34	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	39	1,200.07	30.77	.001	133.34	.03
MEDICAL	3	4	160.59	40.15	.000	53.53	.00
SURGERY	1	1	4.37	4.37	.000	4.37	.00
PATHOLOGY	1	15	223.02	14.87	.000	223.02	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	105.36	35.12	.000	35.12	.00
CROSSOVERS/ALL OTH OUTPTNT	5	16	706.73	44.17	.000	141.35	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,251
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
	AID CODE 60						

39,574 ELIGIBLES		USERS		UNITS OF SERVICE		EXPENDITURES		AVERAGE COST		MONTHLY AVERAGE		COST PER		COST PER	
				OR DAYS OF CARE				PER UNIT/DAY		UNITS/DAYS		PER ELIG		USER	
@COMMUNITY HOSPITAL TOTAL	5,884	33,163	\$	7,637,385.16	\$	230.30	.838	\$	1297.99	\$	192.99				
COMM HOSP INPATIENT TOTAL	779	3,312		6,585,875.38		1988.49	.084		8454.27		166.42				
HSC HOSPITALS	86	463		589,371.10		1272.94	.012		6853.15		14.89				
NON-HSC HOSPITALS TOTAL	507	2,849		5,820,902.71		2043.14	.072		11481.07		147.09				
ACCOMMODATIONS	506	2,849		1,449,229.43		508.68	.072		2864.09		36.62				
ADMINISTRATIVE DAYS	4	22		4,894.39		222.47	.001		1223.60		.12				
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00				
ALL OTHER ACCOM	502	2,827		1,444,335.04		510.91	.071		2877.16		36.50				
ANCILLARIES	507	0		4,371,673.28		.00	.000		8622.63		110.47				
INPATIENT CROSSOVERS	198	0		175,601.57		.00	.000		886.88		4.44				
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00				
COMM HOSP OUTPATIENT TOTAL	5,451	29,851		1,051,509.78		35.23	.754		192.90		26.57				
MEDICAL	1,857	3,500		178,828.21		51.09	.088		96.30		4.52				
SURGERY	425	527		27,154.14		51.53	.013		63.89		.69				
PATHOLOGY	2,065	10,909		134,353.49		12.32	.276		65.06		3.39				
RADIOLOGY	2,237	3,543		294,368.46		83.08	.090		131.59		7.44				
ROOM USE	2,081	2,968		121,394.06		40.90	.075		58.33		3.07				
CROSSOVERS/ALL OTH OUTPTNT	2,150	8,404		295,411.42		35.15	.212		137.40		7.46				
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00				
MENTALLY ILL	0	0		.00		.00	.000		.00		.00				
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00				
@NURSING FACILITY	230	5,141	\$	917,766.66	\$	178.52	.130	\$	3990.29	\$	23.19				
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00				
LEV B-REHAB MD	4	100		12,532.00		125.32	.003		3133.00		.32				
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00				
LEV B-SUBACUTE HSPTL BASED	12	365		211,715.45		580.04	.009		17642.95		5.35				
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00				
LEV B-REGULAR	214	4,676		693,519.21		148.31	.118		3240.74		17.52				
@INTERMEDIATE CARE FACIL.-DD	13	396	\$	82,196.73	\$	207.57	.010	\$	6322.83	\$	2.08				
ICF DDH	0	0		.00		.00	.000		.00		.00				
ICF DD	0	0		.00		.00	.000		.00		.00				
ICF DDN/DDCN	13	396		82,196.73		207.57	.010		6322.83		2.08				
@HEMODIALYSIS TOTAL	248	12,908	\$	416,356.52	\$	32.26	.326	\$	1678.86	\$	10.52				
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00				
HEMODIALYSIS CENTER	248	12,908		416,356.52		32.26	.326		1678.86		10.52				

@REHABILITATION FACILITY	12	19	\$	832.39	\$	43.81	.000	\$	69.37	\$	.02
HOSPITAL BASED	10	16		741.52		46.35	.000		74.15		.02
INDEPENDENT FACILITY	2	3		90.87		30.29	.000		45.44		.00
@LABORATORY FACILITY	3,137	14,098	\$	159,826.05	\$	11.34	.356	\$	50.95	\$	4.04
PATHOLOGY	3,123	14,074		159,669.31		11.34	.356		51.13		4.03
XO AND OTHERS	15	24		156.74		6.53	.001		10.45		.00
@ORGANIZED OUTPATIENT CLINIC	10,894	22,336	\$	1,583,345.77	\$	70.89	.564	\$	145.34	\$	40.01
CLINIC	206	1,289		28,464.65		22.08	.033		138.18		.72
SURGICENTER	106	411		21,537.03		52.40	.010		203.18		.54
HEROIN DETOX CLINIC	4	37		446.90		12.08	.001		111.73		.01
RURAL HEALTH CLINIC	10,656	20,599		1,532,897.19		74.42	.521		143.85		38.73

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,252  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      CASH GRANT - DISABLED      AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
39,574 ELIGIBLES							
@ALL OTHER PROVIDERS	6,215	227,917	\$ 1,311,118.94	\$ 5.75	5.759	\$ 210.96	\$ 33.13
DURABLE MED. EQUIP.	817	2,564	279,265.86	108.92	.065	341.82	7.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	90	109	12,334.94	113.16	.003	137.05	.31
MEDICAL TRANSPORTATION	1,042	28,089	220,496.16	7.85	.710	211.61	5.57
AMBULANCES/AIR TRANS	841	7,269	123,139.97	16.94	.184	146.42	3.11
OTHER TRANS	157	20,483	86,772.69	4.24	.518	552.69	2.19
OTHER SERVICES	86	337	10,583.50	31.41	.009	123.06	.27
ACUPUNCTURE	31	77	1,114.75	14.48	.002	35.96	.03
ADULT DAY HEALTH CARE CTR	17	150	10,447.44	69.65	.004	614.56	.26
GENETIC DISEASE TESTING	4	4	420.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	270	10,070	367,704.99	36.51	.254	1361.87	9.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	883	2,031	21,545.48	10.61	.051	24.40	.54
PHYSICAL THERAPIST	37	177	2,581.72	14.59	.004	69.78	.07
PORTABLE X-RAY	13	24	345.40	14.39	.001	26.57	.01
PROSTHETIST/ORTHOTISTS	159	360	34,636.00	96.21	.009	217.84	.88
PROSTHETICS	158	357	34,609.75	96.95	.009	219.05	.87
ORTHOTICS	1	3	26.25	8.75	.000	26.25	.00
PSYCHOLOGIST	2	5	151.93	30.39	.000	75.97	.00
SPEECH AND AUDIOLOGY	246	925	35,318.66	38.18	.023	143.57	.89
HOSPICE SERVICES	36	826	95,899.63	116.10	.021	2663.88	2.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	895	27,461	102,400.52	3.73	.694	114.41	2.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,215	155,045	126,455.46	.82	3.918	57.09	3.20
@CALIF. CHILDREN SERVICES*	399	9,337	\$ 1,429,947.24	\$ 153.15	.236	\$ 3583.83	\$ 36.13
@XOVER EXCLUDING STATE HOSP**	4,608	37,388	\$ 650,116.08	\$ 17.39	.945	\$ 141.08	\$ 16.43

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,253  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
65,642 ELIGIBLES							

@TOTAL, ALL PROVIDERS	34,446	157,995	\$	8,882,434.06	\$	56.22	2.407	\$	257.87	\$	135.32
@PHYSICIANS SERVICES	6,573	20,648	\$	784,778.96	\$	38.01	.315	\$	119.39	\$	11.96
OUTPATIENT VISITS	3,256	4,198		163,610.95		38.97	.064		50.25		2.49
OFFICE VISITS	2,786	3,601		126,752.81		35.20	.055		45.50		1.93
HOME VISITS	11	11		567.60		51.60	.000		51.60		.01
EMERGENCY ROOM	250	267		14,953.25		56.00	.004		59.81		.23
PREVENTIVE CARE	3	3		129.61		43.20	.000		43.20		.00
OB VISITS/COMPRE PERI	150	205		17,906.75		87.35	.003		119.38		.27
OTHER OUTPATIENT	104	111		3,300.93		29.74	.002		31.74		.05
INPATIENT VISITS	344	1,155		82,698.80		71.60	.018		240.40		1.26
HOSPITAL VISITS	319	834		39,276.78		47.09	.013		123.12		.60
CRITICAL CARE	52	321		43,422.02		135.27	.005		835.04		.66
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	168	200		8,677.85		43.39	.003		51.65		.13
EXAMINATIONS	166	198		8,637.85		43.63	.003		52.04		.13
SERVICES AND MATERIALS	2	2		40.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	388	1,509		224,415.83		148.72	.023		578.39		3.42
PRINCIPAL SURGEON	247	356		180,925.15		508.22	.005		732.49		2.76
ASSISTANT SURGEON	58	58		9,919.55		171.03	.001		171.03		.15
ANESTHESIOLOGIST	171	1,095		33,571.13		30.66	.017		196.32		.51
OUTPATIENT SURGERY	481	1,248		85,858.21		68.80	.019		178.50		1.31
PRINCIPAL SURGEON	397	549		68,750.36		125.23	.008		173.17		1.05
ASSISTANT SURGEON	4	4		335.98		84.00	.000		84.00		.01
ANESTHESIOLOGIST	120	695		16,771.87		24.13	.011		139.77		.26
DIALYSIS	1	1		56.60		56.60	.000		56.60		.00
PATHOLOGY	242	500		8,627.09		17.25	.008		35.65		.13
RADIOLOGY	2,558	3,880		119,068.28		30.69	.059		46.55		1.81
PSYCHIATRY	1	1		74.30		74.30	.000		74.30		.00
IMMUNIZATION AND INJECTION	149	338		10,038.96		29.70	.005		67.38		.15
OTHER SERVICES/ALL X-OVERS	1,156	7,618		81,652.09		10.72	.116		70.63		1.24
@PHARMACY	15,672	40,499	\$	2,039,353.18	\$	50.36	.617	\$	130.13	\$	31.07
PRESCRIPTION DRUGS	15,586	37,325		2,005,696.65		53.74	.569		128.69		30.56
SNF/ICF	17	34		934.65		27.49	.001		54.98		.01
OUTPATIENTS	15,570	37,291		2,004,762.00		53.76	.568		128.76		30.54
MEDICAL SUPPLIES	298	3,174		33,656.53		10.60	.048		112.94		.51
@DENTIST	3,100	16,125	\$	513,822.86	\$	31.86	.246	\$	165.75	\$	7.83
VISITS - DIAGNOSTIC	2,166	10,481		149,777.51		14.29	.160		69.15		2.28
ORAL SURGERY	489	1,055		63,790.00		60.46	.016		130.45		.97
DRUGS	89	104		2,390.00		22.98	.002		26.85		.04
ANESTHESIA	31	31		3,090.00		99.68	.000		99.68		.05
PERIODONTICS	43	51		5,051.00		99.04	.001		117.47		.08
ENDODONTICS	266	561		69,749.25		124.33	.009		262.22		1.06
RESTORATIVE DENTISTRY	1,094	3,296		183,090.35		55.55	.050		167.36		2.79
PROSTHETICS	4	4		130.00		32.50	.000		32.50		.00
DENTURES, STAYPLATES	28	105		12,497.00		119.02	.002		446.32		.19
SPACE MAINTAINERS	22	27		2,982.00		110.44	.000		135.55		.05
MAXILLOFACIAL SERVICES	9	9		392.00		43.56	.000		43.56		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	201	246		18,583.75		75.54	.004		92.46		.28
ALL OTHER SERVICES	133	155		2,300.00		14.84	.002		17.29		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 18,254
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

@OPTOMETRIST	723	2,136	\$	46,582.55	\$	21.81	.033	\$	64.43	\$	.71
DIAGNOSTIC AND ANC. PROCED	537	632		24,495.22		38.76	.010		45.61		.37
EYE APPLIANCES	536	1,490		21,687.80		14.56	.023		40.46		.33
OTHER OPTOMETRIC SERVICES	11	14		399.53		28.54	.000		36.32		.01
@CHIROPRACTOR	215	582	\$	9,074.78	\$	15.59	.009	\$	42.21	\$	.14
VISITS	215	582		9,074.78		15.59	.009		42.21		.14
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	5	\$	138.00	\$	27.60	.000	\$	34.50	\$	.00
MEDICINE/INJECTIONS	3	4		120.70		30.18	.000		40.23		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	238	530	\$	30,356.23	\$	57.28	.008	\$	127.55	\$	.46
NURSE ANESTHESIST	16	111	\$	1,721.72	\$	15.51	.002	\$	107.61	\$	.03
NURSE MIDWIFE	59	102	\$	48,801.24	\$	478.44	.002	\$	827.14	\$	.74
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1,163	2,692	\$	45,297.90	\$	16.83	.041	\$	38.95	\$	.69
@TOTAL HOSPITAL	4,570	20,908	\$	3,034,588.59	\$	145.14	.319	\$	664.02	\$	46.23
HOSP INPATIENT TOTAL	416	1,613		2,458,798.49		1524.36	.025		5910.57		37.46
HSC HOSPITALS	70	460		697,293.12		1515.85	.007		9961.33		10.62
NON-HSC HOSPITAL TOTAL	351	1,153		1,761,505.37		1527.76	.018		5018.53		26.84
ACCOMMODATIONS	351	1,153		539,165.78		467.62	.018		1536.08		8.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	351	1,153		539,165.78		467.62	.018		1536.08		8.21
ANCILLARIES	351	0		1,222,339.59		.00	.000		3482.45		18.62
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,342	19,295		575,790.10		29.84	.294		132.61		8.77
MEDICAL	1,449	2,039		106,518.51		52.24	.031		73.51		1.62
SURGERY	409	512		29,072.86		56.78	.008		71.08		.44
PATHOLOGY	1,576	6,028		77,568.76		12.87	.092		49.22		1.18
RADIOLOGY	1,904	2,477		133,217.60		53.78	.038		69.97		2.03
ROOM USE	2,525	3,454		137,682.88		39.86	.053		54.53		2.10
CROSSOVERS/ALL OTH OUTPTNT	1,477	4,785		91,729.49		19.17	.073		62.11		1.40
@COUNTY HOSPITAL TOTAL	12	71	\$	2,578.34	\$	36.31	.001	\$	214.86	\$	.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	71		2,578.34		36.31	.001		214.86		.04
MEDICAL	6	8		383.10		47.89	.000		63.85		.01
SURGERY	5	5		206.44		41.29	.000		41.29		.00
PATHOLOGY	4	21		636.01		30.29	.000		159.00		.01
RADIOLOGY	2	2		76.77		38.39	.000		38.39		.00
ROOM USE	10	18		1,055.93		58.66	.000		105.59		.02
CROSSOVERS/ALL OTH OUTPTNT	7	17		220.09		12.95	.000		31.44		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,255  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

65,642 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,559	20,837	\$ 3,032,010.25	\$ 145.51	.317	\$ 665.06	\$ 46.19
COMM HOSP INPATIENT TOTAL	416	1,613	2,458,798.49	1524.36	.025	5910.57	37.46
HSC HOSPITALS	70	460	697,293.12	1515.85	.007	9961.33	10.62
NON-HSC HOSPITALS TOTAL	351	1,153	1,761,505.37	1527.76	.018	5018.53	26.84
ACCOMMODATIONS	351	1,153	539,165.78	467.62	.018	1536.08	8.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	351	1,153	539,165.78	467.62	.018	1536.08	8.21
ANCILLARIES	351	0	1,222,339.59	.00	.000	3482.45	18.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,331	19,224	573,211.76	29.82	.293	132.35	8.73
MEDICAL	1,444	2,031	106,135.41	52.26	.031	73.50	1.62
SURGERY	404	507	28,866.42	56.94	.008	71.45	.44
PATHOLOGY	1,572	6,007	76,932.75	12.81	.092	48.94	1.17
RADIOLOGY	1,902	2,475	133,140.83	53.79	.038	70.00	2.03
ROOM USE	2,516	3,436	136,626.95	39.76	.052	54.30	2.08
CROSSOVERS/ALL OTH OUTPTNT	1,470	4,768	91,509.40	19.19	.073	62.25	1.39
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	9	\$ 560.59	\$ 62.29	.000	\$ 93.43	\$ .01
HOSPITAL BASED	6	9	560.59	62.29	.000	93.43	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,150	6,850	\$ 96,288.80	\$ 14.06	.104	\$ 44.79	\$ 1.47
PATHOLOGY	2,150	6,850	96,288.80	14.06	.104	44.79	1.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13,665	24,036	\$ 1,904,889.73	\$ 79.25	.366	\$ 139.40	\$ 29.02
CLINIC	673	3,562	76,083.87	21.36	.054	113.05	1.16
SURGICENTER	60	274	9,020.12	32.92	.004	150.34	.14
HEROIN DETOX CLINIC	4	46	535.05	11.63	.001	133.76	.01
RURAL HEALTH CLINIC	13,024	20,154	1,819,250.69	90.27	.307	139.68	27.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

PAGE 18,256  
03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
65,642 ELIGIBLES							
@ALL OTHER PROVIDERS	4,275	22,762	\$ 326,178.93	\$ 14.33	.347	\$ 76.30	\$ 4.97
DURABLE MED. EQUIP.	287	583	42,036.89	72.10	.009	146.47	.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	440	4,589	96,289.14	20.98	.070	218.84	1.47
AMBULANCES/AIR TRANS	437	4,564	67,400.22	14.77	.070	154.23	1.03
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	25	25	28,888.92	1155.56	.000	1155.56	.44
ACUPUNCTURE	8	12	208.13	17.34	.000	26.02	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	42	42	4,410.00	105.00	.001	105.00	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	580	1,246	10,981.44	8.81	.019	18.93	.17
PHYSICAL THERAPIST	35	227	3,314.28	14.60	.003	94.69	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	67	82	6,551.54	79.90	.001	97.78	.10
PROSTHETICS	67	82	6,551.54	79.90	.001	97.78	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	121	238	15,555.03	65.36	.004	128.55	.24
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,685	14,438	144,847.78	10.03	.220	53.95	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	91	1,301	1,908.73	1.47	.020	20.98	.03
@CALIF. CHILDREN SERVICES*	179	3,749	\$ 431,100.67	\$ 114.99	.057	\$ 2408.38	\$ 6.57
@XOVER EXCLUDING STATE HOSP**	10	90	\$ 428.71	\$ 4.76	.001	\$ 42.87	\$ .01

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



111,801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	75,831	1,014,007	\$ 39,582,499.23	\$ 39.04	9.070	\$ 521.98	\$ 354.04
@PHYSICIANS SERVICES	17,160	60,542	\$ 2,018,129.89	\$ 33.33	.542	\$ 117.61	\$ 18.05
OUTPATIENT VISITS	6,778	9,125	334,252.13	36.63	.082	49.31	2.99
OFFICE VISITS	5,845	7,861	266,264.52	33.87	.070	45.55	2.38
HOME VISITS	42	47	2,356.00	50.13	.000	56.10	.02
EMERGENCY ROOM	436	476	28,626.86	60.14	.004	65.66	.26
PREVENTIVE CARE	6	6	236.38	39.40	.000	39.40	.00
OB VISITS/COMPRE PERI	187	259	22,836.17	88.17	.002	122.12	.20
OTHER OUTPATIENT	405	476	13,932.20	29.27	.004	34.40	.12
INPATIENT VISITS	880	3,278	191,363.82	58.38	.029	217.46	1.71
HOSPITAL VISITS	794	2,655	120,465.73	45.37	.024	151.72	1.08
CRITICAL CARE	100	498	66,776.95	134.09	.004	667.77	.60
SNF/ICF/TRANS IP CARE	64	125	4,121.14	32.97	.001	64.39	.04
OPHTHALMOLOGICAL SERVICES	532	672	26,591.28	39.57	.006	49.98	.24
EXAMINATIONS	527	664	26,395.99	39.75	.006	50.09	.24
SERVICES AND MATERIALS	8	8	195.29	24.41	.000	24.41	.00
INPATIENT HOSPITAL SURGERY	721	3,424	399,292.57	116.62	.031	553.80	3.57
PRINCIPAL SURGEON	509	735	314,833.82	428.35	.007	618.53	2.82
ASSISTANT SURGEON	99	99	19,868.59	200.69	.001	200.69	.18
ANESTHESIOLOGIST	286	2,590	64,590.16	24.94	.023	225.84	.58
OUTPATIENT SURGERY	1,007	2,620	227,280.97	86.75	.023	225.70	2.03
PRINCIPAL SURGEON	833	1,134	191,494.21	168.87	.010	229.89	1.71
ASSISTANT SURGEON	11	11	1,429.99	130.00	.000	130.00	.01
ANESTHESIOLOGIST	237	1,475	34,356.77	23.29	.013	144.97	.31
DIALYSIS	90	260	23,160.39	89.08	.002	257.34	.21
PATHOLOGY	577	1,157	19,281.07	16.66	.010	33.42	.17
RADIOLOGY	5,791	10,212	366,679.21	35.91	.091	63.32	3.28
PSYCHIATRY	7	7	312.49	44.64	.000	44.64	.00
IMMUNIZATION AND INJECTION	339	1,383	18,755.58	13.56	.012	55.33	.17
OTHER SERVICES/ALL X-OVERS	6,366	28,404	411,160.38	14.48	.254	64.59	3.68
@PHARMACY	47,220	427,974	\$ 17,292,513.93	\$ 40.41	3.828	\$ 366.21	\$ 154.67
PRESCRIPTION DRUGS	46,639	177,015	16,321,164.37	92.20	1.583	349.95	145.98
SNF/ICF	326	3,224	235,077.99	72.92	.029	721.10	2.10
OUTPATIENTS	46,366	173,791	16,086,086.38	92.56	1.554	346.94	143.88
MEDICAL SUPPLIES	3,811	250,959	971,349.56	3.87	2.245	254.88	8.69
@DENTIST	5,035	25,068	\$ 899,659.30	\$ 35.89	.224	\$ 178.68	\$ 8.05
VISITS - DIAGNOSTIC	3,403	15,745	214,632.30	13.63	.141	63.07	1.92
ORAL SURGERY	806	2,046	118,161.00	57.75	.018	146.60	1.06
DRUGS	99	114	2,605.00	22.85	.001	26.31	.02
ANESTHESIA	46	46	4,580.00	99.57	.000	99.57	.04
PERIODONTICS	166	181	19,539.00	107.95	.002	117.70	.17
ENDODONTICS	373	725	107,369.25	148.10	.006	287.85	.96
RESTORATIVE DENTISTRY	1,619	4,719	273,071.00	57.87	.042	168.67	2.44
PROSTHETICS	21	24	1,140.00	47.50	.000	54.29	.01
DENTURES, STAYPLATES	314	877	126,758.00	144.54	.008	403.69	1.13
SPACE MAINTAINERS	22	27	2,982.00	110.44	.000	135.55	.03
MAXILLOFACIAL SERVICES	12	12	538.00	44.83	.000	44.83	.00
FRACTURES, DISLOCATIONS	1	1	500.00	500.00	.000	500.00	.00
ORTHODONTIC SERVICES	254	321	25,258.75	78.69	.003	99.44	.23
ALL OTHER SERVICES	206	230	2,525.00	10.98	.002	12.26	.02

111,801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@OPTOMETRIST	1,890	5,509	\$ 115,666.37	\$ 21.00	.049	\$ 61.20	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	1,091	1,293	48,310.87	37.36	.012	44.28	.43
EYE APPLIANCES	1,468	4,117	64,521.70	15.67	.037	43.95	.58
OTHER OPTOMETRIC SERVICES	68	99	2,833.80	28.62	.001	41.67	.03
@CHIROPRACTOR	572	1,694	\$ 26,365.70	\$ 15.56	.015	\$ 46.09	\$ .24
VISITS	550	1,649	25,778.06	15.63	.015	46.87	.23
OTHER SERVICES	22	45	587.64	13.06	.000	26.71	.01
@PODIATRIST	258	331	\$ 3,753.70	\$ 11.34	.003	\$ 14.55	\$ .03
MEDICINE/INJECTIONS	57	67	1,718.30	25.65	.001	30.15	.02
SURGERY/ANES.	2	2	265.45	132.73	.000	132.73	.00
RADIO./PATHOLOGY	5	5	77.85	15.57	.000	15.57	.00
OTHER	198	257	1,692.10	6.58	.002	8.55	.02
@HOME HEALTH AGENCY	533	6,013	\$ 248,601.02	\$ 41.34	.054	\$ 466.42	\$ 2.22
NURSE ANESTHESIST	42	405	\$ 4,169.99	\$ 10.30	.004	\$ 99.29	\$ .04
NURSE MIDWIFE	70	124	\$ 59,130.31	\$ 476.86	.001	\$ 844.72	\$ .53
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$ .00
FAMILY NURSE PRACTITIONER	2,425	5,704	\$ 89,875.98	\$ 15.76	.051	\$ 37.06	\$ .80
@TOTAL HOSPITAL	10,841	55,553	\$ 11,410,613.45	\$ 205.40	.497	\$ 1052.54	\$ 102.06
HOSP INPATIENT TOTAL	1,319	5,183	9,750,337.59	1881.22	.046	7392.22	87.21
HSC HOSPITALS	159	934	1,300,282.30	1392.17	.008	8177.88	11.63
NON-HSC HOSPITAL TOTAL	896	4,249	8,207,996.64	1931.75	.038	9160.71	73.42
ACCOMMODATIONS	895	4,249	2,119,811.47	498.90	.038	2368.50	18.96
ADMINISTRATIVE DAYS	5	25	5,494.21	219.77	.000	1098.84	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	890	4,224	2,114,317.26	500.55	.038	2375.64	18.91
ANCILLARIES	896	0	6,088,185.17	.00	.000	6794.85	54.46
INPATIENT CROSSOVERS	281	0	242,058.65	.00	.000	861.42	2.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,079	50,370	1,660,275.86	32.96	.451	164.73	14.85
MEDICAL	3,339	5,604	288,249.48	51.44	.050	86.33	2.58
SURGERY	848	1,053	57,025.82	54.16	.009	67.25	.51
PATHOLOGY	3,679	17,130	214,339.15	12.51	.153	58.26	1.92
RADIOLOGY	4,176	6,064	430,862.44	71.05	.054	103.18	3.85
ROOM USE	4,646	6,469	261,035.31	40.35	.058	56.18	2.33
CROSSOVERS/ALL OTH OUTPTNT	3,858	14,050	408,763.66	29.09	.126	105.95	3.66
@COUNTY HOSPITAL TOTAL	21	110	\$ 3,778.41	\$ 34.35	.001	\$ 179.92	\$ .03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	110	3,778.41	34.35	.001	179.92	.03
MEDICAL	9	12	543.69	45.31	.000	60.41	.00
SURGERY	6	6	210.81	35.14	.000	35.14	.00
PATHOLOGY	5	36	859.03	23.86	.000	171.81	.01

RADIOLOGY	2	2	76.77	38.39	.000	38.39	.00
ROOM USE	13	21	1,161.29	55.30	.000	89.33	.01
CROSSOVERS/ALL OTH OUTPTNT	12	33	926.82	28.09	.000	77.24	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,259

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

YUBA COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
111,801 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	10,823	55,443	\$ 11,406,835.04	\$ 205.74	.496	\$ 1053.94	\$ 102.03
COMM HOSP INPATIENT TOTAL	1,319	5,183	9,750,337.59	1881.22	.046	7392.22	87.21
HSC HOSPITALS	159	934	1,300,282.30	1392.17	.008	8177.88	11.63
NON-HSC HOSPITALS TOTAL	896	4,249	8,207,996.64	1931.75	.038	9160.71	73.42
ACCOMMODATIONS	895	4,249	2,119,811.47	498.90	.038	2368.50	18.96
ADMINISTRATIVE DAYS	5	25	5,494.21	219.77	.000	1098.84	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	890	4,224	2,114,317.26	500.55	.038	2375.64	18.91
ANCILLARIES	896	0	6,088,185.17	.00	.000	6794.85	54.46
INPATIENT CROSSOVERS	281	0	242,058.65	.00	.000	861.42	2.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,061	50,260	1,656,497.45	32.96	.450	164.65	14.82
MEDICAL	3,331	5,592	287,705.79	51.45	.050	86.37	2.57
SURGERY	842	1,047	56,815.01	54.26	.009	67.48	.51
PATHOLOGY	3,674	17,094	213,480.12	12.49	.153	58.11	1.91
RADIOLOGY	4,174	6,062	430,785.67	71.06	.054	103.21	3.85
ROOM USE	4,634	6,448	259,874.02	40.30	.058	56.08	2.32
CROSSOVERS/ALL OTH OUTPTNT	3,848	14,017	407,836.84	29.10	.125	105.99	3.65
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	320	6,882	\$ 1,178,351.29	\$ 171.22	.062	\$ 3682.35	\$ 10.54
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	4	100	12,532.00	125.32	.001	3133.00	.11
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	365	211,715.45	580.04	.003	17642.95	1.89
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	304	6,417	954,103.84	148.68	.057	3138.50	8.53
@INTERMEDIATE CARE FACIL.-DD	13	396	\$ 82,196.73	\$ 207.57	.004	\$ 6322.83	\$ .74
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	13	396	82,196.73	207.57	.004	6322.83	.74
@HEMODIALYSIS TOTAL	312	13,963	\$ 495,692.45	\$ 35.50	.125	\$ 1588.76	\$ 4.43
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	312	13,963	495,692.45	35.50	.125	1588.76	4.43
@REHABILITATION FACILITY	18	28	\$ 1,392.98	\$ 49.75	.000	\$ 77.39	\$ .01
HOSPITAL BASED	16	25	1,302.11	52.08	.000	81.38	.01
INDEPENDENT FACILITY	2	3	90.87	30.29	.000	45.44	.00
@LABORATORY FACILITY	5,367	21,294	\$ 259,936.29	\$ 12.21	.190	\$ 48.43	\$ 2.32
PATHOLOGY	5,344	21,253	259,630.13	12.22	.190	48.58	2.32
XO AND OTHERS	24	41	306.16	7.47	.000	12.76	.00
@ORGANIZED OUTPATIENT CLINIC	25,591	48,557	\$ 3,569,146.41	\$ 73.50	.434	\$ 139.47	\$ 31.92
CLINIC	891	5,083	109,027.59	21.45	.045	122.37	.98
SURGICENTER	188	722	34,477.46	47.75	.006	183.39	.31
HEROIN DETOX CLINIC	8	83	981.95	11.83	.001	122.74	.01
RURAL HEALTH CLINIC	24,685	42,669	3,424,659.41	80.26	.382	138.73	30.63

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,260

MOP024  
YUBA COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

111,801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11,717	333,969	\$ 1,827,246.24	\$ 5.47	2.987	\$ 155.95	\$ 16.34
DURABLE MED. EQUIP.	1,153	3,258	335,316.00	102.92	.029	290.82	3.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	125	165	16,260.80	98.55	.001	130.09	.15
MEDICAL TRANSPORTATION	1,566	41,759	351,578.25	8.42	.374	224.51	3.14
AMBULANCES/AIR TRANS	1,296	11,985	194,185.25	16.20	.107	149.83	1.74
OTHER TRANS	211	29,331	117,498.49	4.01	.262	556.86	1.05
OTHER SERVICES	127	443	39,894.51	90.06	.004	314.13	.36
ACUPUNCTURE	43	96	1,458.02	15.19	.001	33.91	.01
ADULT DAY HEALTH CARE CTR	30	362	25,201.88	69.62	.003	840.06	.23
GENETIC DISEASE TESTING	46	46	4,830.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	428	11,113	440,320.58	39.62	.099	1028.79	3.94
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,602	3,620	36,528.40	10.09	.032	22.80	.33
PHYSICAL THERAPIST	78	436	6,343.69	14.55	.004	81.33	.06
PORTABLE X-RAY	17	28	348.21	12.44	.000	20.48	.00
PROSTHETIST/ORTHOTISTS	232	455	41,594.83	91.42	.004	179.29	.37
PROSTHETICS	231	452	41,568.58	91.97	.004	179.95	.37
ORTHOTICS	1	3	26.25	8.75	.000	26.25	.00
PSYCHOLOGIST	3	9	227.90	25.32	.000	75.97	.00
SPEECH AND AUDIOLOGY	397	1,216	55,800.81	45.89	.011	140.56	.50
HOSPICE SERVICES	42	916	104,768.67	114.38	.008	2494.49	.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,586	41,928	247,497.00	5.90	.375	69.02	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3,113	228,562	159,171.20	.70	2.044	51.13	1.42
@CALIF. CHILDREN SERVICES*	601	13,198	\$ 1,879,414.07	\$ 142.40	.118	\$ 3127.14	\$ 16.81
@XOVER EXCLUDING STATE HOSP**	6,473	48,266	\$ 894,059.99	\$ 18.52	.432	\$ 138.12	\$ 8.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,261

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,386 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,001	3,709	\$ 363,010.41	\$ 97.87	2.676	\$ 362.65	\$ 261.91
@PHYSICIANS SERVICES	232	658	\$ 37,426.73	\$ 56.88	.475	\$ 161.32	\$ 27.00
OUTPATIENT VISITS	142	201	6,816.43	33.91	.145	48.00	4.92
OFFICE VISITS	134	191	6,352.90	33.26	.138	47.41	4.58
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	181.30	60.43	.002	60.43	.13
PREVENTIVE CARE	3	3	104.07	34.69	.002	34.69	.08
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	178.16	44.54	.003	44.54	.13
INPATIENT VISITS	23	175	22,461.82	128.35	.126	976.60	16.21
HOSPITAL VISITS	19	39	1,879.62	48.20	.028	98.93	1.36
CRITICAL CARE	6	136	20,582.20	151.34	.098	3430.37	14.85
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	20	800.19	40.01	.014	88.91	.58
EXAMINATIONS	9	20	800.19	40.01	.014	88.91	.58
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	13	1,842.91	141.76	.009	263.27	1.33
PRINCIPAL SURGEON	5	6	1,592.97	265.50	.004	318.59	1.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	249.94	35.71	.005	124.97	.18
OUTPATIENT SURGERY	2	8	279.45	34.93	.006	139.73	.20
PRINCIPAL SURGEON	2	2	132.06	66.03	.001	66.03	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	147.39	24.57	.004	147.39	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	466.29	46.63	.007	155.43	.34
RADIOLOGY	61	80	1,005.65	12.57	.058	16.49	.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	18	166.24	9.24	.013	27.71	.12
OTHER SERVICES/ALL X-OVERS	48	133	3,587.75	26.98	.096	74.74	2.59
@PHARMACY	483	1,154	\$ 62,497.88	\$ 54.16	.833	\$ 129.40	\$ 45.09
PRESCRIPTION DRUGS	476	1,107	62,201.72	56.19	.799	130.68	44.88
SNF/ICF	4	15	1,079.27	71.95	.011	269.82	.78
OUTPATIENTS	473	1,092	61,122.45	55.97	.788	129.22	44.10
MEDICAL SUPPLIES	19	47	296.16	6.30	.034	15.59	.21
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,262  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

	1,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACITOR	1	2	\$	33.44	\$ 16.72	.001	\$ 33.44	\$ .02
VISITS	1	2		33.44	16.72	.001	33.44	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	26	226	\$	7,879.53	\$ 34.87	.163	\$ 303.06	\$ 5.69
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	3	5	\$	143.95	\$ 28.79	.004	\$ 47.98	\$ .10
@TOTAL HOSPITAL	120	476	\$	156,796.56	\$ 329.40	.343	\$ 1306.64	\$ 113.13
HOSP INPATIENT TOTAL	16	102		146,477.81	1436.06	.074	9154.86	105.68
HSC HOSPITALS	5	84		129,440.00	1540.95	.061	25888.00	93.39
NON-HSC HOSPITAL TOTAL	11	18		17,037.81	946.55	.013	1548.89	12.29
ACCOMMODATIONS	11	18		8,156.32	453.13	.013	741.48	5.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	18		8,156.32	453.13	.013	741.48	5.88
ANCILLARIES	11	0		8,881.49	.00	.000	807.41	6.41
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	106	374		10,318.75	27.59	.270	97.35	7.44
MEDICAL	37	49		2,823.06	57.61	.035	76.30	2.04
SURGERY	3	3		136.70	45.57	.002	45.57	.10
PATHOLOGY	38	112		1,124.63	10.04	.081	29.60	.81
RADIOLOGY	42	45		1,362.25	30.27	.032	32.43	.98
ROOM USE	70	80		2,848.64	35.61	.058	40.69	2.06
CROSSOVERS/ALL OTH OUTPTNT	40	85		2,023.47	23.81	.061	50.59	1.46
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,263  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

	1,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	120		476	\$ 156,796.56	\$ 329.40	.343	\$ 1306.64	\$ 113.13
COMM HOSP INPATIENT TOTAL	16		102	146,477.81	1436.06	.074	9154.86	105.68
HSC HOSPITALS	5		84	129,440.00	1540.95	.061	25888.00	93.39
NON-HSC HOSPITALS TOTAL	11		18	17,037.81	946.55	.013	1548.89	12.29
ACCOMMODATIONS	11		18	8,156.32	453.13	.013	741.48	5.88
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11		18	8,156.32	453.13	.013	741.48	5.88
ANCILLARIES	11		0	8,881.49	.00	.000	807.41	6.41
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	106		374	10,318.75	27.59	.270	97.35	7.44
MEDICAL	37		49	2,823.06	57.61	.035	76.30	2.04
SURGERY	3		3	136.70	45.57	.002	45.57	.10
PATHOLOGY	38		112	1,124.63	10.04	.081	29.60	.81
RADIOLOGY	42		45	1,362.25	30.27	.032	32.43	.98
ROOM USE	70		80	2,848.64	35.61	.058	40.69	2.06
CROSSOVERS/ALL OTH OUTPTNT	40		85	2,023.47	23.81	.061	50.59	1.46
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	37		68	\$ 653.60	\$ 9.61	.049	\$ 17.66	\$ .47
PATHOLOGY	37		68	653.60	9.61	.049	17.66	.47
XO AND OTHERS	0		0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	579	1,064	\$	94,224.14	\$	88.56	.768	\$	162.74	\$	67.98
CLINIC	1	1		46.82		46.82	.001		46.82		.03
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	578	1,063		94,177.32		88.60	.767		162.94		67.95

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,264  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

	1,386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	37		56	\$ 3,354.58	\$ 59.90	.040	\$ 90.66	\$ 2.42
DURABLE MED. EQUIP.	30		34	2,804.32	82.48	.025	93.48	2.02
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2		7	158.35	22.62	.005	79.18	.11
AMBULANCES/AIR TRANS	2		7	158.35	22.62	.005	79.18	.11
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1		1	73.10	73.10	.001	73.10	.05
PROSTHETICS	1		1	73.10	73.10	.001	73.10	.05
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3		10	169.83	16.98	.007	56.61	.12
SPEECH AND AUDIOLOGY	1		1	75.00	75.00	.001	75.00	.05
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3		3	73.98	24.66	.002	24.66	.05
@CALIF. CHILDREN SERVICES*	27		627	\$ 85,552.81	\$ 136.45	.452	\$ 3168.62	\$ 61.73
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,265
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	1,339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,243		7,297	\$ 1,045,188.26	\$ 143.24	5.450	\$ 840.86	\$ 780.57
@PHYSICIANS SERVICES	513		1,324	\$ 140,992.05	\$ 106.49	.989	\$ 274.84	\$ 105.30
OUTPATIENT VISITS	177		266	19,586.38	73.63	.199	110.66	14.63
OFFICE VISITS	52		62	2,582.64	41.66	.046	49.67	1.93
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4		4	221.66	55.42	.003	55.42	.17



PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	125	200	16,782.08	83.91	.149	134.26	12.53
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	83	256	19,273.50	75.29	.191	232.21	14.39
HOSPITAL VISITS	76	166	7,279.37	43.85	.124	95.78	5.44
CRITICAL CARE	8	90	11,994.13	133.27	.067	1499.27	8.96
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	130	356	84,860.50	238.37	.266	652.77	63.38
PRINCIPAL SURGEON	84	90	72,352.94	803.92	.067	861.34	54.04
ASSISTANT SURGEON	21	21	3,826.08	182.19	.016	182.19	2.86
ANESTHESIOLOGIST	53	245	8,681.48	35.43	.183	163.80	6.48
OUTPATIENT SURGERY	47	79	3,575.09	45.25	.059	76.07	2.67
PRINCIPAL SURGEON	44	70	3,235.43	46.22	.052	73.53	2.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	9	339.66	37.74	.007	113.22	.25
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	28	514.02	18.36	.021	28.56	.38
RADIOLOGY	197	257	10,220.99	39.77	.192	51.88	7.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	20.12	20.12	.001	20.12	.02
OTHER SERVICES/ALL X-OVERS	58	81	2,941.45	36.31	.060	50.71	2.20
@PHARMACY	316	565	\$ 20,134.97	\$ 35.64	.422	\$ 63.72	\$ 15.04
PRESCRIPTION DRUGS	303	500	15,896.06	31.79	.373	52.46	11.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	303	500	15,896.06	31.79	.373	52.46	11.87
MEDICAL SUPPLIES	28	65	4,238.91	65.21	.049	151.39	3.17
@DENTIST	3	18	\$ 84.00	\$ 4.67	.013	\$ 28.00	\$ .06
VISITS - DIAGNOSTIC	2	13	39.00	3.00	.010	19.50	.03
ORAL SURGERY	1	1	45.00	45.00	.001	45.00	.03

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4	.00	.00	.003	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,266  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

1,339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	110	192	\$ 9,616.75	\$ 50.09	.143	\$ 87.43	\$ 7.18
NURSE ANESTHESIST	3	20	\$ 292.79	\$ 14.64	.015	\$ 97.60	\$ .22
NURSE MIDWIFE	44	201	\$ 28,807.50	\$ 143.32	.150	\$ 654.72	\$ 21.51
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	538	3,626	\$ 795,977.33	\$ 219.52	2.708	\$ 1479.51	\$ 594.46
HOSP INPATIENT TOTAL	117	546	721,816.71	1322.01	.408	6169.37	539.07
HSC HOSPITALS	14	167	244,567.07	1464.47	.125	17469.08	182.65
NON-HSC HOSPITAL TOTAL	104	379	477,249.64	1259.23	.283	4588.94	356.42
ACCOMMODATIONS	104	379	167,990.84	443.25	.283	1615.30	125.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	104	379	167,990.84	443.25	.283	1615.30	125.46
ANCILLARIES	104	0	309,258.80	.00	.000	2973.64	230.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	473	3,080	74,160.62	24.08	2.300	156.79	55.39
MEDICAL	73	91	4,576.78	50.29	.068	62.70	3.42
SURGERY	32	36	1,404.23	39.01	.027	43.88	1.05
PATHOLOGY	259	815	12,464.37	15.29	.609	48.12	9.31
RADIOLOGY	106	118	6,577.25	55.74	.088	62.05	4.91
ROOM USE	249	559	19,086.94	34.14	.417	76.65	14.25
CROSSOVERS/ALL OTH OUTPTNT	232	1,461	30,051.05	20.57	1.091	129.53	22.44
@COUNTY HOSPITAL TOTAL	2	14	\$ 477.47	\$ 34.11	.010	\$ 238.74	\$ .36
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	14	477.47	34.11	.010	238.74	.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.001	61.20	.05
PATHOLOGY	1	4	116.16	29.04	.003	116.16	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	263.13	65.78	.003	263.13	.20
CROSSOVERS/ALL OTH OUTPTNT	2	4	36.98	9.25	.003	18.49	.03

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,267  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	1,339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	536		3,612 \$	795,499.86	\$ 220.24	2.698	\$ 1484.14	\$ 594.10
COMM HOSP INPATIENT TOTAL	117		546	721,816.71	1322.01	.408	6169.37	539.07
HSC HOSPITALS	14		167	244,567.07	1464.47	.125	17469.08	182.65
NON-HSC HOSPITALS TOTAL	104		379	477,249.64	1259.23	.283	4588.94	356.42
ACCOMMODATIONS	104		379	167,990.84	443.25	.283	1615.30	125.46
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	104		379	167,990.84	443.25	.283	1615.30	125.46
ANCILLARIES	104		0	309,258.80	.00	.000	2973.64	230.96
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	471		3,066	73,683.15	24.03	2.290	156.44	55.03
MEDICAL	73		91	4,576.78	50.29	.068	62.70	3.42
SURGERY	31		34	1,343.03	39.50	.025	43.32	1.00
PATHOLOGY	258		811	12,348.21	15.23	.606	47.86	9.22
RADIOLOGY	106		118	6,577.25	55.74	.088	62.05	4.91
ROOM USE	248		555	18,823.81	33.92	.414	75.90	14.06
CROSSOVERS/ALL OTH OUTPTNT	230		1,457	30,014.07	20.60	1.088	130.50	22.42
@STATE HOSPITAL	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	275	854	\$	13,222.89	\$	15.48	.638	\$	48.08	\$	9.88
PATHOLOGY	275	854		13,222.89		15.48	.638		48.08		9.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	159	303	\$	27,916.78	\$	92.13	.226	\$	175.58	\$	20.85
CLINIC	4	15		728.83		48.59	.011		182.21		.54
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	155	288		27,187.95		94.40	.215		175.41		20.30

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,268  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,339 ELIGIBLES							
@ALL OTHER PROVIDERS	71	194	\$ 8,143.20	\$ 41.98	.145	\$ 114.69	\$ 6.08
DURABLE MED. EQUIP.	1	1	99.99	99.99	.001	99.99	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	130	1,460.71	11.24	.097	162.30	1.09
AMBULANCES/AIR TRANS	9	130	1,460.71	11.24	.097	162.30	1.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	61	62	6,486.00	104.61	.046	106.33	4.84
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.001	96.50	.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	96.50	96.50	.001	96.50	.07
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	850	\$ 64,863.58	\$ 76.31	.635	\$ 10810.60	\$ 48.44
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,269  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
07 ELIGIBLES							

@TOTAL, ALL PROVIDERS	30	111	\$	4,412.89	\$	39.76	15.857	\$	147.10	\$	630.41
@PHYSICIANS SERVICES	13	15	\$	1,273.88	\$	84.93	2.143	\$	97.99	\$	181.98
OUTPATIENT VISITS	7	7		303.22		43.32	1.000		43.32		43.32
OFFICE VISITS	2	2		42.10		21.05	.286		21.05		6.01
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	4	4		241.92		60.48	.571		60.48		34.56
OTHER OUTPATIENT	1	1		19.20		19.20	.143		19.20		2.74
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		544.28		544.28	.143		544.28		77.75
PRINCIPAL SURGEON	1	1		544.28		544.28	.143		544.28		77.75
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	2		158.09		79.05	.286		158.09		22.58
PRINCIPAL SURGEON	1	2		158.09		79.05	.286		158.09		22.58
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		3.80		.00	.000		.00		.54
RADIOLOGY	4	5		264.49		52.90	.714		66.12		37.78
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	1	\$	4.81	\$	4.81	.143	\$	4.81	\$	.69
PRESCRIPTION DRUGS	1	1		4.81		4.81	.143		4.81		.69
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		4.81		4.81	.143		4.81		.69
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,270  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
07 ELIGIBLES							

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	13	76	\$	2,231.46	\$	29.36	10.857	\$	171.65	\$	318.78
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13	76		2,231.46		29.36	10.857		171.65		318.78
MEDICAL	5	8		298.54		37.32	1.143		59.71		42.65
SURGERY	1	1		10.39		10.39	.143		10.39		1.48
PATHOLOGY	4	27		418.71		15.51	3.857		104.68		59.82

RADIOLOGY	5	7	798.71	114.10	1.000	159.74	114.10
ROOM USE	9	10	379.32	37.93	1.429	42.15	54.19
CROSSOVERS/ALL OTH OUTPTNT	6	23	325.79	14.16	3.286	54.30	46.54
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,271  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	76	\$ 2,231.46	\$ 29.36	10.857	\$ 171.65	\$ 318.78
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	76	2,231.46	29.36	10.857	171.65	318.78
MEDICAL	5	8	298.54	37.32	1.143	59.71	42.65
SURGERY	1	1	10.39	10.39	.143	10.39	1.48
PATHOLOGY	4	27	418.71	15.51	3.857	104.68	59.82
RADIOLOGY	5	7	798.71	114.10	1.000	159.74	114.10
ROOM USE	9	10	379.32	37.93	1.429	42.15	54.19
CROSSOVERS/ALL OTH OUTPTNT	6	23	325.79	14.16	3.286	54.30	46.54
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	3	\$ 56.48	\$ 18.83	.429	\$ 18.83	\$ 8.07
PATHOLOGY	3	3	56.48	18.83	.429	18.83	8.07
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$ 684.36	\$ 85.55	1.143	\$ 114.06	\$ 97.77
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8	684.36	85.55	1.143	114.06	97.77

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,272  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	8	\$ 161.90	\$ 20.24	1.143	\$ 53.97	\$ 23.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	8	161.90	20.24	1.143	53.97	23.13
AMBULANCES/AIR TRANS	3	8	161.90	20.24	1.143	53.97	23.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



2,732 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	2,274	11,117	\$ 1,412,611.56	\$ 127.07	4.069	\$ 621.20	\$ 517.06		
@PHYSICIANS SERVICES	758	1,997	\$ 179,692.66	\$ 89.98	.731	\$ 237.06	\$ 65.77		
OUTPATIENT VISITS	326	474	26,706.03	56.34	.173	81.92	9.78		
OFFICE VISITS	188	255	8,977.64	35.21	.093	47.75	3.29		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	7	7	402.96	57.57	.003	57.57	.15		
PREVENTIVE CARE	3	3	104.07	34.69	.001	34.69	.04		
OB VISITS/COMPRE PERI	129	204	17,024.00	83.45	.075	131.97	6.23		
OTHER OUTPATIENT	5	5	197.36	39.47	.002	39.47	.07		
INPATIENT VISITS	106	431	41,735.32	96.83	.158	393.73	15.28		
HOSPITAL VISITS	95	205	9,158.99	44.68	.075	96.41	3.35		
CRITICAL CARE	14	226	32,576.33	144.14	.083	2326.88	11.92		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	9	20	800.19	40.01	.007	88.91	.29		
EXAMINATIONS	9	20	800.19	40.01	.007	88.91	.29		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	138	370	87,247.69	235.80	.135	632.23	31.94		
PRINCIPAL SURGEON	90	97	74,490.19	767.94	.036	827.67	27.27		
ASSISTANT SURGEON	21	21	3,826.08	182.19	.008	182.19	1.40		
ANESTHESIOLOGIST	55	252	8,931.42	35.44	.092	162.39	3.27		
OUTPATIENT SURGERY	50	89	4,012.63	45.09	.033	80.25	1.47		
PRINCIPAL SURGEON	47	74	3,525.58	47.64	.027	75.01	1.29		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	4	15	487.05	32.47	.005	121.76	.18		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	21	38	984.11	25.90	.014	46.86	.36		
RADIOLOGY	262	342	11,491.13	33.60	.125	43.86	4.21		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	7	19	186.36	9.81	.007	26.62	.07		
OTHER SERVICES/ALL X-OVERS	106	214	6,529.20	30.51	.078	61.60	2.39		
@PHARMACY	800	1,720	\$ 82,637.66	\$ 48.05	.630	\$ 103.30	\$ 30.25		
PRESCRIPTION DRUGS	780	1,608	78,102.59	48.57	.589	100.13	28.59		
SNF/ICF	4	15	1,079.27	71.95	.005	269.82	.40		
OUTPATIENTS	777	1,593	77,023.32	48.35	.583	99.13	28.19		
MEDICAL SUPPLIES	47	112	4,535.07	40.49	.041	96.49	1.66		
@DENTIST	3	18	\$ 84.00	\$ 4.67	.007	\$ 28.00	\$ .03		
VISITS - DIAGNOSTIC	2	13	39.00	3.00	.005	19.50	.01		
ORAL SURGERY	1	1	45.00	45.00	.000	45.00	.02		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	0	0	.00	.00	.000	.00	.00		
ENDODONTICS	0	0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	2	4	.00	.00	.001	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	1	0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00		

2,732 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.001	\$ 33.44	\$ .01	
VISITS	1	2		33.44	16.72	.001	33.44	.01	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	136	418	\$	17,496.28	\$ 41.86	.153	\$ 128.65	\$ 6.40	
NURSE ANESTHESIST	3	20	\$	292.79	\$ 14.64	.007	\$ 97.60	\$ .11	
NURSE MIDWIFE	44	201	\$	28,807.50	\$ 143.32	.074	\$ 654.72	\$ 10.54	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	3	5	\$	143.95	\$ 28.79	.002	\$ 47.98	\$ .05	
@TOTAL HOSPITAL	671	4,178	\$	955,005.35	\$ 228.58	1.529	\$ 1423.26	\$ 349.56	
HOSP INPATIENT TOTAL	133	648		868,294.52	1339.96	.237	6528.53	317.82	
HSC HOSPITALS	19	251		374,007.07	1490.07	.092	19684.58	136.90	
NON-HSC HOSPITAL TOTAL	115	397		494,287.45	1245.06	.145	4298.15	180.93	
ACCOMMODATIONS	115	397		176,147.16	443.70	.145	1531.71	64.48	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	115	397		176,147.16	443.70	.145	1531.71	64.48	
ANCILLARIES	115	0		318,140.29	.00	.000	2766.44	116.45	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	592	3,530		86,710.83	24.56	1.292	146.47	31.74	
MEDICAL	115	148		7,698.38	52.02	.054	66.94	2.82	
SURGERY	36	40		1,551.32	38.78	.015	43.09	.57	
PATHOLOGY	301	954		14,007.71	14.68	.349	46.54	5.13	
RADIOLOGY	153	170		8,738.21	51.40	.062	57.11	3.20	
ROOM USE	328	649		22,314.90	34.38	.238	68.03	8.17	
CROSSOVERS/ALL OTH OUTPTNT	278	1,569		32,400.31	20.65	.574	116.55	11.86	
@COUNTY HOSPITAL TOTAL	2	14	\$	477.47	\$ 34.11	.005	\$ 238.74	\$ .17	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	2	14		477.47	34.11	.005	238.74	.17	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	1	2		61.20	30.60	.001	61.20	.02	
PATHOLOGY	1	4		116.16	29.04	.001	116.16	.04	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	263.13	65.78	.001	263.13	.10
CROSSOVERS/ALL OTH OUTPTNT	2	4	36.98	9.25	.001	18.49	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,275  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	2,732 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	669	4,164	\$ 954,527.88	\$ 229.23	1.524	\$ 1426.80	\$ 349.39	
COMM HOSP INPATIENT TOTAL	133	648	868,294.52	1339.96	.237	6528.53	317.82	
HSC HOSPITALS	19	251	374,007.07	1490.07	.092	19684.58	136.90	
NON-HSC HOSPITALS TOTAL	115	397	494,287.45	1245.06	.145	4298.15	180.93	
ACCOMMODATIONS	115	397	176,147.16	443.70	.145	1531.71	64.48	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	115	397	176,147.16	443.70	.145	1531.71	64.48	
ANCILLARIES	115	0	318,140.29	.00	.000	2766.44	116.45	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	590	3,516	86,233.36	24.53	1.287	146.16	31.56	
MEDICAL	115	148	7,698.38	52.02	.054	66.94	2.82	
SURGERY	35	38	1,490.12	39.21	.014	42.57	.55	
PATHOLOGY	300	950	13,891.55	14.62	.348	46.31	5.08	
RADIOLOGY	153	170	8,738.21	51.40	.062	57.11	3.20	
ROOM USE	327	645	22,051.77	34.19	.236	67.44	8.07	
CROSSOVERS/ALL OTH OUTPTNT	276	1,565	32,363.33	20.68	.573	117.26	11.85	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	315	925	\$	13,932.97	\$	15.06	\$	44.23
PATHOLOGY	315	925		13,932.97		15.06		44.23
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	744	1,375	\$	122,825.28	\$	89.33	\$	165.09
CLINIC	5	16		775.65		48.48		155.13
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	739	1,359		122,049.63		89.81		165.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

PAGE 18,276  
03/14/05

	2,732 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	111	258	\$	11,659.68	\$ 45.19	.094	\$ 105.04	\$ 4.27
DURABLE MED. EQUIP.	31	35		2,904.31	82.98	.013	93.69	1.06
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	145		1,780.96	12.28	.053	127.21	.65
AMBULANCES/AIR TRANS	14	145		1,780.96	12.28	.053	127.21	.65
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	61	62		6,486.00	104.61	.023	106.33	2.37
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		169.60	84.80	.001	84.80	.06
PROSTHETICS	1	1		73.10	73.10	.000	73.10	.03
ORTHOTICS	1	1		96.50	96.50	.000	96.50	.04
PSYCHOLOGIST	3	10		169.83	16.98	.004	56.61	.06
SPEECH AND AUDIOLOGY	1	1		75.00	75.00	.000	75.00	.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3	3	73.98	24.66	.001	24.66	.03
@CALIF. CHILDREN SERVICES*	33	1,477	\$ 150,416.39	\$ 101.84	.541	\$ 4558.07	\$ 55.06
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,277

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

	1,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,060	16,583	\$ 510,370.83	\$ 30.78	15.704	\$ 481.48	\$ 483.31	
@PHYSICIANS SERVICES	212	666	\$ 8,900.32	\$ 13.36	.631	\$ 41.98	\$ 8.43	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	3	24.03	8.01	.003	8.01	.02	
EXAMINATIONS	3	3	24.03	8.01	.003	8.01	.02	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	10	6.92	.69	.009	6.92	.01	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	210	653	8,869.37	13.58	.618	42.24	8.40	
@PHARMACY	901	12,060	\$ 321,369.58	\$ 26.65	11.420	\$ 356.68	\$ 304.33	
PRESCRIPTION DRUGS	899	3,892	313,787.59	80.62	3.686	349.04	297.15	
SNF/ICF	23	231	14,643.39	63.39	.219	636.67	13.87	
OUTPATIENTS	878	3,661	299,144.20	81.71	3.467	340.71	283.28	
MEDICAL SUPPLIES	102	8,168	7,581.99	.93	7.735	74.33	7.18	
@DENTIST	20	103	\$ 4,751.00	\$ 46.13	.098	\$ 237.55	\$ 4.50	
VISITS - DIAGNOSTIC	14	52	630.00	12.12	.049	45.00	.60	
ORAL SURGERY	2	8	405.00	50.63	.008	202.50	.38	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	2	2	236.00	118.00	.002	118.00	.22	
ENDODONTICS	1	1	260.00	260.00	.001	260.00	.25	
RESTORATIVE DENTISTRY	6	19	1,192.00	62.74	.018	198.67	1.13	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	6	21	2,028.00	96.57	.020	338.00	1.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,278  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

	1,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	71	\$	1,222.85	\$ 17.22	.067	\$ 45.29	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	3	3		47.50	15.83	.003	15.83	.04
EYE APPLIANCES	22	60		1,042.82	17.38	.057	47.40	.99
OTHER OPTOMETRIC SERVICES	3	8		132.53	16.57	.008	44.18	.13
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	34	31	\$	254.80	\$ 8.22	.029	\$ 7.49	\$ .24
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	34	31		254.80	8.22	.029	7.49	.24
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	85	192	\$	28,704.25	\$ 149.50	.182	\$ 337.70	\$ 27.18
HOSP INPATIENT TOTAL	29	0		24,352.69	.00	.000	839.75	23.06
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	0		24,352.69	.00	.000	839.75	23.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	192		4,351.56	22.66	.182	73.76	4.12
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	59	192		4,351.56	22.66	.182	73.76	4.12
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,279  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

	1,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	85	192	\$ 28,704.25	\$ 149.50	.182	\$ 337.70	\$ 27.18	
COMM HOSP INPATIENT TOTAL	29	0	24,352.69	.00	.000	839.75	23.06	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	29	0	24,352.69	.00	.000	839.75	23.06	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	59	192	4,351.56	22.66	.182	73.76	4.12	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	59	192	4,351.56	22.66	.182	73.76	4.12	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	23	398	\$ 72,115.07	\$ 181.19	.377	\$ 3135.44	\$ 68.29	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	23	398	72,115.07	181.19	.377	3135.44	68.29	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	27	40	\$ 11,263.17	\$ 281.58	.038	\$ 417.15	\$ 10.67	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	27	40	11,263.17	281.58	.038	417.15	10.67	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	5	7	\$ 78.11	\$ 11.16	.007	\$ 15.62	\$ .07	
PATHOLOGY	2	2	32.90	16.45	.002	16.45	.03	
XO AND OTHERS	3	5	45.21	9.04	.005	15.07	.04	

@ORGANIZED OUTPATIENT CLINIC	170	422	\$	16,117.34	\$	38.19	.400	\$	94.81	\$	15.26
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	3		207.80		69.27	.003		103.90		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	168	419		15,909.54		37.97	.397		94.70		15.07

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,280  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

1,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	260	2,593	\$ 45,594.34	\$ 17.58	2.455	\$ 175.36	\$ 43.18
DURABLE MED. EQUIP.	5	9	4,032.41	448.05	.009	806.48	3.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	9	311.81	34.65	.009	34.65	.30
MEDICAL TRANSPORTATION	17	773	5,398.47	6.98	.732	317.56	5.11
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	14	734	5,319.65	7.25	.695	379.98	5.04
OTHER SERVICES	6	39	78.82	2.02	.037	13.14	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	65	386	27,752.13	71.90	.366	426.96	26.28
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	49	627.04	12.80	.046	33.00	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.67	.67	.001	.67	.00
PROSTHETIST/ORTHOTISTS	1	7	64.80	9.26	.007	64.80	.06
PROSTHETICS	1	7	64.80	9.26	.007	64.80	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	1	487.13	487.13	.001	162.38	.46



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	156	1,358	6,919.88	5.10	1.286	44.36	6.55
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	\$ .000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	441	2,161	\$ 82,167.42	\$ 38.02	2.046	\$ 186.32	\$ 77.81

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,281

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	32	\$ 2,553.32	\$ 79.79	3.200	\$ 232.12	\$ 255.33
@PHYSICIANS SERVICES	1	1	\$ 38.43	\$ 38.43	.100	\$ 38.43	\$ 3.84
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.100	38.43	3.84
EXAMINATIONS	1	1	38.43	38.43	.100	38.43	3.84
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	8	23	\$ 2,113.02	\$ 91.87	2.300	\$ 264.13	\$ 211.30
PRESCRIPTION DRUGS	7	18	1,939.66	107.76	1.800	277.09	193.97
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	7	18	1,939.66	107.76	1.800	277.09	193.97
MEDICAL SUPPLIES	2	5	173.36	34.67	.500	86.68	17.34
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,282  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND      AID CODES 26 6A

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,283  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD - BLIND      AID CODES 26 6A

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	8	\$	401.87	\$	50.23	.800	\$	57.41	\$	40.19
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	8		401.87		50.23	.800		57.41		40.19

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,284  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - BLIND      AID CODES 26 6A

	10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,285  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	506	9,300	\$	327,489.24	\$	35.21	17.580	\$	647.21	\$	619.07
@PHYSICIANS SERVICES	96	247	\$	3,063.31	\$	12.40	.467	\$	31.91	\$	5.79
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		8.01		8.01	.002		8.01		.02
EXAMINATIONS	1	1		8.01		8.01	.002		8.01		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		102.38		102.38	.002		102.38		.19
PRINCIPAL SURGEON	1	1		102.38		102.38	.002		102.38		.19
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	2		17.14		8.57	.004		8.57		.03
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	93	243		2,935.78		12.08	.459		31.57		5.55
@PHARMACY	408	5,841	\$	265,627.83	\$	45.48	11.042	\$	651.05	\$	502.13
PRESCRIPTION DRUGS	400	2,005		260,083.33		129.72	3.790		650.21		491.65

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	400	2,005	260,083.33	129.72	3.790	650.21	491.65
MEDICAL SUPPLIES	56	3,836	5,544.50	1.45	7.251	99.01	10.48
@DENTIST	28	102	\$ 5,022.00	\$ 49.24	.193	\$ 179.36	\$ 9.49
VISITS - DIAGNOSTIC	10	36	535.00	14.86	.068	53.50	1.01
ORAL SURGERY	4	4	175.00	43.75	.008	43.75	.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	.004	118.00	.45
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.41
RESTORATIVE DENTISTRY	13	49	2,941.00	60.02	.093	226.23	5.56
PROSTHETICS	1	1	30.00	30.00	.002	30.00	.06
DENTURES, STAYPLATES	4	7	890.00	127.14	.013	222.50	1.68
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,286  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	15	43	\$ 820.56	\$ 19.08	.081	\$ 54.70	\$ 1.55
DIAGNOSTIC AND ANC. PROCED	5	6	201.79	33.63	.011	40.36	.38
EYE APPLIANCES	13	35	617.71	17.65	.066	47.52	1.17
OTHER OPTOMETRIC SERVICES	1	2	1.06	.53	.004	1.06	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	72	\$ 2,245.68	\$ 31.19	.136	\$ 748.56	\$ 4.25
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	47	227	\$ 11,426.23	\$ 50.34	.429	\$ 243.11	\$ 21.60
HOSP INPATIENT TOTAL	9	0	7,264.68	.00	.000	807.19	13.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0	7,264.68	.00	.000	807.19	13.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	40	227	4,161.55	18.33	.429	104.04	7.87
MEDICAL	3	8	351.55	43.94	.015	117.18	.66
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	39	468.15	12.00	.074	78.03	.88

RADIOLOGY	1	1	25.12	25.12	.002	25.12	.05
ROOM USE	2	4	138.34	34.59	.008	69.17	.26
CROSSOVERS/ALL OTH OUTPTNT	31	175	3,178.39	18.16	.331	102.53	6.01
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,287  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	47	227	\$ 11,426.23	\$ 50.34	.429	\$ 243.11	\$ 21.60
COMM HOSP INPATIENT TOTAL	9	0	7,264.68	.00	.000	807.19	13.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0	7,264.68	.00	.000	807.19	13.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40	227	4,161.55	18.33	.429	104.04	7.87
MEDICAL	3	8	351.55	43.94	.015	117.18	.66
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	39	468.15	12.00	.074	78.03	.88
RADIOLOGY	1	1	25.12	25.12	.002	25.12	.05
ROOM USE	2	4	138.34	34.59	.008	69.17	.26
CROSSOVERS/ALL OTH OUTPTNT	31	175	3,178.39	18.16	.331	102.53	6.01
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	32	\$ 17,786.10	\$ 555.82	.060	\$ 988.12	\$ 33.62
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	32	17,786.10	555.82	.060	988.12	33.62
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	37	\$ 369.35	\$ 9.98	.070	\$ 52.76	\$ .70
PATHOLOGY	5	30	332.82	11.09	.057	66.56	.63
XO AND OTHERS	2	7	36.53	5.22	.013	18.27	.07
@ORGANIZED OUTPATIENT CLINIC	105	225	\$ 7,936.50	\$ 35.27	.425	\$ 75.59	\$ 15.00
CLINIC	1	2	.69	.35	.004	.69	.00
SURGICENTER	1	1	60.81	60.81	.002	60.81	.11
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	103	222	7,875.00	35.47	.420	76.46	14.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C						

PAGE 18,288  
03/14/05

529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	115	2,474	\$ 13,191.68	\$ 5.33	4.677	\$ 114.71	\$ 24.94
DURABLE MED. EQUIP.	4	5	519.84	103.97	.009	129.96	.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23	2,089	9,403.12	4.50	3.949	408.83	17.78
AMBULANCES/AIR TRANS	1	55	595.75	10.83	.104	595.75	1.13
OTHER TRANS	20	1,992	8,782.19	4.41	3.766	439.11	16.60
OTHER SERVICES	3	42	25.18	.60	.079	8.39	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	32	343.31	10.73	.060	22.89	.65
PHYSICAL THERAPIST	1	2	25.94	12.97	.004	25.94	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	163	879.32	5.39	.308	219.83	1.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	89	183	2,020.15	11.04	.346	22.70	3.82
@CALIF. CHILDREN SERVICES*	1	2	\$ 245.00	\$ 122.50	.004	\$ 245.00	\$ .46
@XOVER EXCLUDING STATE HOSP**	181	2,897	\$ 34,722.91	\$ 11.99	5.476	\$ 191.84	\$ 65.64

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 18,290  
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,291  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD - FAMILIES    DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,292  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - TOTAL

PAGE 18,293  
 03/14/05

	1,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,577	25,915	\$	840,413.39	\$ 32.43	16.248	\$ 532.92	\$ 526.90
@PHYSICIANS SERVICES	309	914	\$	12,002.06	\$ 13.13	.573	\$ 38.84	\$ 7.52
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5		70.47	14.09	.003	14.09	.04
EXAMINATIONS	5	5		70.47	14.09	.003	14.09	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		102.38	102.38	.001	102.38	.06
PRINCIPAL SURGEON	1	1		102.38	102.38	.001	102.38	.06
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	3	12		24.06	2.01	.008	8.02	.02
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	303	896		11,805.15	13.18	.562	38.96	7.40
@PHARMACY	1,317	17,924	\$	589,110.43	\$ 32.87	11.238	\$ 447.31	\$ 369.35
PRESCRIPTION DRUGS	1,306	5,915		575,810.58	97.35	3.708	440.90	361.01
SNF/ICF	23	231		14,643.39	63.39	.145	636.67	9.18
OUTPATIENTS	1,285	5,684		561,167.19	98.73	3.564	436.71	351.83
MEDICAL SUPPLIES	160	12,009		13,299.85	1.11	7.529	83.12	8.34
@DENTIST	48	205	\$	9,773.00	\$ 47.67	.129	\$ 203.60	\$ 6.13
VISITS - DIAGNOSTIC	24	88		1,165.00	13.24	.055	48.54	.73
ORAL SURGERY	6	12		580.00	48.33	.008	96.67	.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	4		472.00	118.00	.003	118.00	.30
ENDODONTICS	2	2		475.00	237.50	.001	237.50	.30
RESTORATIVE DENTISTRY	19	68		4,133.00	60.78	.043	217.53	2.59
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	10	28	2,918.00	104.21	.018	291.80	1.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,294  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - TOTAL

1,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	42	114	\$ 2,043.41	\$ 17.92	.071	\$ 48.65	\$ 1.28
DIAGNOSTIC AND ANC. PROCED	8	9	249.29	27.70	.006	31.16	.16
EYE APPLIANCES	35	95	1,660.53	17.48	.060	47.44	1.04
OTHER OPTOMETRIC SERVICES	4	10	133.59	13.36	.006	33.40	.08
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	35	31	\$ 254.80	\$ 8.22	.019	\$ 7.28	\$ .16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	35	31	254.80	8.22	.019	7.28	.16
@HOME HEALTH AGENCY	3	72	\$ 2,245.68	\$ 31.19	.045	\$ 748.56	\$ 1.41
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	132	419	\$ 40,130.48	\$ 95.78	.263	\$ 304.02	\$ 25.16
HOSP INPATIENT TOTAL	38	0	31,617.37	.00	.000	832.04	19.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	38	0	31,617.37	.00	.000	832.04	19.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	99	419	8,513.11	20.32	.263	85.99	5.34
MEDICAL	3	8	351.55	43.94	.005	117.18	.22
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	39	468.15	12.00	.024	78.03	.29
RADIOLOGY	1	1	25.12	25.12	.001	25.12	.02
ROOM USE	2	4	138.34	34.59	.003	69.17	.09
CROSSOVERS/ALL OTH OUTPTNT	90	367	7,529.95	20.52	.230	83.67	4.72
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,295  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD - TOTAL

	1,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132		419	\$ 40,130.48	\$ 95.78	.263	\$ 304.02	\$ 25.16
COMM HOSP INPATIENT TOTAL	38		0	31,617.37	.00	.000	832.04	19.82
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	38		0	31,617.37	.00	.000	832.04	19.82
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	99		419	8,513.11	20.32	.263	85.99	5.34
MEDICAL	3		8	351.55	43.94	.005	117.18	.22
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	6		39	468.15	12.00	.024	78.03	.29
RADIOLOGY	1		1	25.12	25.12	.001	25.12	.02
ROOM USE	2		4	138.34	34.59	.003	69.17	.09

CROSSOVERS/ALL OTH OUTPTNT	90	367		7,529.95	20.52	.230	83.67	4.72
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	23	398	\$	72,115.07	\$ 181.19	.250	\$ 3135.44	\$ 45.21
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	23	398		72,115.07	181.19	.250	3135.44	45.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	45	72	\$	29,049.27	\$ 403.46	.045	\$ 645.54	\$ 18.21
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	45	72		29,049.27	403.46	.045	645.54	18.21
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	44	\$	447.46	\$ 10.17	.028	\$ 37.29	\$ .28
PATHOLOGY	7	32		365.72	11.43	.020	52.25	.23
XO AND OTHERS	5	12		81.74	6.81	.008	16.35	.05
@ORGANIZED OUTPATIENT CLINIC	282	655	\$	24,455.71	\$ 37.34	.411	\$ 86.72	\$ 15.33
CLINIC	1	2		.69	.35	.001	.69	.00
SURGICENTER	3	4		268.61	67.15	.003	89.54	.17
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	278	649		24,186.41	37.27	.407	87.00	15.16

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,296  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@ALL OTHER PROVIDERS	375		5,067	\$ 58,786.02	\$ 11.60	3.177      \$ 156.76      \$ 36.86
DURABLE MED. EQUIP.	9		14	4,552.25	325.16	.009      505.81      2.85
BLOOD BANK	0		0	.00	.00	.000      .00      .00
HEARING AID DISPENSERS	9		9	311.81	34.65	.006      34.65      .20
MEDICAL TRANSPORTATION	40		2,862	14,801.59	5.17	1.794      370.04      9.28
AMBULANCES/AIR TRANS	1		55	595.75	10.83	.034      595.75      .37
OTHER TRANS	34		2,726	14,101.84	5.17	1.709      414.76      8.84
OTHER SERVICES	9		81	104.00	1.28	.051      11.56      .07
ACUPUNCTURE	0		0	.00	.00	.000      .00      .00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000      .00      .00
GENETIC DISEASE TESTING	0		0	.00	.00	.000      .00      .00
IHMC,MODEL-NF,NF,AIDS,MSSP	65		386	27,752.13	71.90	.242      426.96      17.40
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000      .00      .00
OPTICIAN	34		81	970.35	11.98	.051      28.54      .61
PHYSICAL THERAPIST	1		2	25.94	12.97	.001      25.94      .02
PORTABLE X-RAY	1		1	.67	.67	.001      .67      .00
PROSTHETIST/ORTHOTISTS	1		7	64.80	9.26	.004      64.80      .04
PROSTHETICS	1		7	64.80	9.26	.004      64.80      .04
ORTHOTICS	0		0	.00	.00	.000      .00      .00
PSYCHOLOGIST	0		0	.00	.00	.000      .00      .00
SPEECH AND AUDIOLOGY	3		1	487.13	487.13	.001      162.38      .31



HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	163		879.32	5.39	.102	219.83	.55
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	245	1,541		8,940.03	5.80	.966	36.49	5.61
@CALIF. CHILDREN SERVICES*	1	2	\$	245.00	\$	122.50	\$	245.00 \$
@XOVER EXCLUDING STATE HOSP**	623	5,058	\$	116,890.33	\$	23.11	3.171	\$ 187.62 \$ 73.29

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,297

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	935	29,059	\$ 532,480.12	\$ 18.32	39.322	\$ 569.50	\$ 720.54
@PHYSICIANS SERVICES	176	497	\$ 4,977.68	\$ 10.02	.673	\$ 28.28	\$ 6.74
OUTPATIENT VISITS	1	1	15.47	15.47	.001	15.47	.02
OFFICE VISITS	1	1	15.47	15.47	.001	15.47	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	28.01	14.01	.003	14.01	.04
EXAMINATIONS	2	2	28.01	14.01	.003	14.01	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	22	51.47	2.34	.030	12.87	.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	171	472	4,882.73	10.34	.639	28.55	6.61
@PHARMACY	738	19,166	\$ 296,636.47	\$ 15.48	25.935	\$ 401.95	\$ 401.40
PRESCRIPTION DRUGS	716	3,727	287,516.13	77.14	5.043	401.56	389.06
SNF/ICF	25	214	10,987.99	51.35	.290	439.52	14.87
OUTPATIENTS	692	3,513	276,528.14	78.72	4.754	399.61	374.19
MEDICAL SUPPLIES	117	15,439	9,120.34	.59	20.892	77.95	12.34
@DENTIST	26	116	\$ 9,161.00	\$ 78.97	.157	\$ 352.35	\$ 12.40
VISITS - DIAGNOSTIC	14	41	631.00	15.39	.055	45.07	.85
ORAL SURGERY	6	9	598.00	66.44	.012	99.67	.81

DRUGS	1	1	.00	.00	.001	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	19	1,643.00	86.47	.026	273.83	2.22
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.04
DENTURES, STAYPLATES	11	45	6,259.00	139.09	.061	569.00	8.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,298  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	46	\$ 867.01	\$ 18.85	.062	\$ 48.17	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	4	4	126.89	31.72	.005	31.72	.17
EYE APPLIANCES	15	41	713.67	17.41	.055	47.58	.97
OTHER OPTOMETRIC SERVICES	1	1	26.45	26.45	.001	26.45	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	5	\$ 5.22	\$ 1.04	.007	\$ .58	\$ .01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	5	5.22	1.04	.007	.58	.01
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	65	131	\$ 26,210.76	\$ 200.08	.177	\$ 403.24	\$ 35.47
HOSP INPATIENT TOTAL	29	0	22,762.87	.00	.000	784.93	30.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	0	22,762.87	.00	.000	784.93	30.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	131	3,447.89	26.32	.177	95.77	4.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	131	3,447.89	26.32	.177	95.77	4.67
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,299  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
739 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	65	131	\$ 26,210.76	\$ 200.08	.177	\$ 403.24	\$ 35.47
COMM HOSP INPATIENT TOTAL	29	0	22,762.87	.00	.000	784.93	30.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	0	22,762.87	.00	.000	784.93	30.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	131	3,447.89	26.32	.177	95.77	4.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	131	3,447.89	26.32	.177	95.77	4.67
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	47	808	\$ 127,176.06	\$ 157.40	1.093	\$ 2705.87	\$ 172.09
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	47	808	127,176.06	157.40	1.093	2705.87	172.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	7	\$ 3,606.12	\$ 515.16	.009	\$ 721.22	\$ 4.88
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	7	3,606.12	515.16	.009	721.22	4.88

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	36.28	\$	9.07	.005	\$	18.14	\$	.05
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	4		36.28		9.07	.005		18.14		.05
@ORGANIZED OUTPATIENT CLINIC	138	288	\$	7,642.46	\$	26.54	.390	\$	55.38	\$	10.34
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	6	6		1,049.83		174.97	.008		174.97		1.42
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	132	282		6,592.63		23.38	.382		49.94		8.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 18,300
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

739 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	321	7,991	\$ 56,161.06	\$ 7.03	10.813	\$ 174.96	\$ 76.00
DURABLE MED. EQUIP.	13	23	5,789.14	251.70	.031	445.32	7.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.03
MEDICAL TRANSPORTATION	19	2,208	7,812.64	3.54	2.988	411.19	10.57
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	16	2,191	7,720.19	3.52	2.965	482.51	10.45
OTHER SERVICES	4	17	92.45	5.44	.023	23.11	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	62	484	27,404.43	56.62	.655	442.01	37.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	43	512.91	11.93	.058	30.17	.69
PHYSICAL THERAPIST	1	1	.81	.81	.001	.81	.00

PORTABLE X-RAY	1	1	.30	.30	.001	.30	.00
PROSTHETIST/ORTHOTISTS	3	15	129.88	8.66	.020	43.29	.18
PROSTHETICS	3	15	129.88	8.66	.020	43.29	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	209.50	41.90	.007	104.75	.28
HOSPICE SERVICES	3	42	4,772.04	113.62	.057	1590.68	6.46
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	244	5,168	9,504.41	1.84	6.993	38.95	12.86
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	414	2,994	\$ 80,715.75	\$ 26.96	4.051	\$ 194.97	\$ 109.22

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,301
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32	2,406	\$ 39,868.39	\$ 16.57	85.929	\$ 1245.89	\$ 1423.87
@PHYSICIANS SERVICES	13	54	\$ 465.03	\$ 8.61	1.929	\$ 35.77	\$ 16.61
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	54	465.03	8.61	1.929	35.77	16.61
@PHARMACY	25	419	\$ 14,374.40	\$ 34.31	14.964	\$ 574.98	\$ 513.37
PRESCRIPTION DRUGS	22	106	13,900.89	131.14	3.786	631.86	496.46

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	22	106	13,900.89	131.14	3.786	631.86	496.46
MEDICAL SUPPLIES	5	313	473.51	1.51	11.179	94.70	16.91
@DENTIST	0	0	\$ .00	\$ .00	\$ .000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

PAGE 18,302  
03/14/05

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2	1	\$ 18.10	\$ 18.10	.036	\$ 9.05	\$ .65	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	2	1	18.10	18.10	.036	9.05	.65	
@HOME HEALTH AGENCY	5	247	\$ 7,552.63	\$ 30.58	8.821	\$ 1510.53	\$ 269.74	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	3	0	\$ 2,628.00	\$ .00	.000	\$ 876.00	\$ 93.86	
HOSP INPATIENT TOTAL	3	0	2,628.00	.00	.000	876.00	93.86	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	93.86	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,303  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	0	\$ 2,628.00	\$ .00	.000	\$ 876.00	\$ 93.86
COMM HOSP INPATIENT TOTAL	3	0	2,628.00	.00	.000	876.00	93.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	93.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	12	\$	5,613.36	\$ 467.78	.429	\$ 935.56	\$ 200.48
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	12		5,613.36	467.78	.429	935.56	200.48
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$	343.74	\$ 42.97	.286	\$ 171.87	\$ 12.28
CLINIC	1	7		326.42	46.63	.250	326.42	11.66
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		17.32	17.32	.036	17.32	.62

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,304  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	1,665	\$ 8,873.13	\$ 5.33	59.464	\$ 591.54	\$ 316.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,260.17	1260.17	.036	1260.17	45.01
MEDICAL TRANSPORTATION	14	1,651	7,509.10	4.55	58.964	536.36	268.18
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	14	1,651	7,509.10	4.55	58.964	536.36	268.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	13	103.86	7.99	.464	17.31	3.71
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	20	80	\$ 8,828.35	\$ 110.35	2.857	\$ 441.42	\$ 315.30

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 68				MONTHLY AVERAGE	
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	270	30,200	\$ 206,202.46	\$ 6.83	145.192	\$ 763.71	\$ 991.36		
@PHYSICIANS SERVICES	52	232	\$ 4,297.96	\$ 18.53	1.115	\$ 82.65	\$ 20.66		
OUTPATIENT VISITS	13	22	523.80	23.81	.106	40.29	2.52		
OFFICE VISITS	13	22	523.80	23.81	.106	40.29	2.52		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	2	2	26.01	13.01	.010	13.01	.13		
EXAMINATIONS	2	2	26.01	13.01	.010	13.01	.13		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	3	6	247.92	41.32	.029	82.64	1.19		
PRINCIPAL SURGEON	3	6	247.92	41.32	.029	82.64	1.19		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		

RADIOLOGY	9	16		1,719.60	107.48	.077	191.07	8.27	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	2	45		196.47	4.37	.216	98.24	.94	
OTHER SERVICES/ALL X-OVERS	43	141		1,584.16	11.24	.678	36.84	7.62	
@PHARMACY	226	5,325	\$	164,320.28	\$ 30.86	25.601	\$ 727.08	\$ 790.00	
PRESCRIPTION DRUGS	206	1,130		151,229.77	133.83	5.433	734.13	727.07	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	206	1,130		151,229.77	133.83	5.433	734.13	727.07	
MEDICAL SUPPLIES	64	4,195		13,090.51	3.12	20.168	204.54	62.94	
@DENTIST	3	6	\$	636.00	\$ 106.00	.029	\$ 212.00	\$ 3.06	
VISITS - DIAGNOSTIC	1	3		38.00	12.67	.014	38.00	.18	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		293.00	.00	.000	.00	1.41	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	2	3		305.00	101.67	.014	152.50	1.47	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004					PAGE 18,306
MOPO24				FEE-FOR-SERVICE/DENTAL					03/14/05
YUBA COUNTY				SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED					AID CODE 68

208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6	\$ 104.91	\$ 17.49	.029	\$ 34.97	\$ .50
DIAGNOSTIC AND ANC. PROCED	1	1	20.00	20.00	.005	20.00	.10
EYE APPLIANCES	2	5	84.91	16.98	.024	42.46	.41
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 5.76	\$ 2.88	.010	\$ 2.88	\$ .03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	5.76	2.88	.010	2.88	.03
@HOME HEALTH AGENCY	4	76	\$ 2,459.44	\$ 32.36	.365	\$ 614.86	\$ 11.82
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	27	113	\$ 11,759.45	\$ 104.07	.543	\$ 435.54	\$ 56.54
HOSP INPATIENT TOTAL	8	2	9,241.80	4620.90	.010	1155.23	44.43
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	3,940.82	1970.41	.010	3940.82	18.95
ACCOMMODATIONS	1	2	803.92	401.96	.010	803.92	3.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	803.92	401.96	.010	803.92	3.87
ANCILLARIES	1	0	3,136.90	.00	.000	3136.90	15.08

INPATIENT CROSSOVERS	7	0	5,300.98	.00	.000	757.28	25.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20	111	2,517.65	22.68	.534	125.88	12.10
MEDICAL	2	8	435.47	54.43	.038	217.74	2.09
SURGERY	1	1	36.07	36.07	.005	36.07	.17
PATHOLOGY	3	26	357.59	13.75	.125	119.20	1.72
RADIOLOGY	4	7	956.64	136.66	.034	239.16	4.60
ROOM USE	2	3	102.05	34.02	.014	51.03	.49
CROSSOVERS/ALL OTH OUTPTNT	13	66	629.83	9.54	.317	48.45	3.03
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,307  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	113	\$ 11,759.45	\$ 104.07	.543	\$ 435.54	\$ 56.54
COMM HOSP INPATIENT TOTAL	8	2	9,241.80	4620.90	.010	1155.23	44.43
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	3,940.82	1970.41	.010	3940.82	18.95
ACCOMMODATIONS	1	2	803.92	401.96	.010	803.92	3.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	803.92	401.96	.010	803.92	3.87
ANCILLARIES	1	0	3,136.90	.00	.000	3136.90	15.08
INPATIENT CROSSOVERS	7	0	5,300.98	.00	.000	757.28	25.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	111	2,517.65	22.68	.534	125.88	12.10
MEDICAL	2	8	435.47	54.43	.038	217.74	2.09
SURGERY	1	1	36.07	36.07	.005	36.07	.17
PATHOLOGY	3	26	357.59	13.75	.125	119.20	1.72
RADIOLOGY	4	7	956.64	136.66	.034	239.16	4.60
ROOM USE	2	3	102.05	34.02	.014	51.03	.49
CROSSOVERS/ALL OTH OUTPTNT	13	66	629.83	9.54	.317	48.45	3.03
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	4	\$ 1,767.15	\$ 441.79	.019	\$ 1767.15	\$ 8.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	1	4		1,767.15	441.79	.019	1767.15	8.50	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	6	30	\$	257.39	\$ 8.58	.144	\$ 42.90	\$ 1.24	
PATHOLOGY	6	30		257.39	8.58	.144	42.90	1.24	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	64	187	\$	8,586.00	\$ 45.91	.899	\$ 134.16	\$ 41.28	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	5	19		694.85	36.57	.091	138.97	3.34	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	60	168		7,891.15	46.97	.808	131.52	37.94	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,308
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	102	24,219	\$ 12,008.12	\$ .50	116.438	\$ 117.73	\$ 57.73
DURABLE MED. EQUIP.	2	6	2,269.67	378.28	.029	1134.84	10.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	99	646.70	6.53	.476	107.78	3.11
AMBULANCES/AIR TRANS	3	17	442.00	26.00	.082	147.33	2.13
OTHER TRANS	2	82	204.70	2.50	.394	102.35	.98
OTHER SERVICES	1	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	60.60	10.10	.029	30.30	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	161.44	40.36	.019	80.72	.78
PROSTHETICS	2	4	161.44	40.36	.019	80.72	.78
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	163	693.46	4.25	.784	346.73	3.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	92	23,941		8,176.25		.34	115.101		88.87		39.31
@CALIF. CHILDREN SERVICES*	1	1	\$	33.99	\$	33.99	.005	\$	33.99	\$	.16
@XOVER EXCLUDING STATE HOSP**	115	3,396	\$	23,580.22	\$	6.94	16.327	\$	205.05	\$	113.37

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,309
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	

975 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,237	61,665	\$ 778,550.97	\$ 12.63	63.246	\$ 629.39	\$ 798.51
@PHYSICIANS SERVICES	241	783	\$ 9,740.67	\$ 12.44	.803	\$ 40.42	\$ 9.99
OUTPATIENT VISITS	14	23	539.27	23.45	.024	38.52	.55
OFFICE VISITS	14	23	539.27	23.45	.024	38.52	.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	54.02	13.51	.004	13.51	.06
EXAMINATIONS	4	4	54.02	13.51	.004	13.51	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	6	247.92	41.32	.006	82.64	.25
PRINCIPAL SURGEON	3	6	247.92	41.32	.006	82.64	.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	13	38	1,771.07	46.61	.039	136.24	1.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	45	196.47	4.37	.046	98.24	.20
OTHER SERVICES/ALL X-OVERS	227	667	6,931.92	10.39	.684	30.54	7.11
@PHARMACY	989	24,910	\$ 475,331.15	\$ 19.08	25.549	\$ 480.62	\$ 487.52
PRESCRIPTION DRUGS	944	4,963	452,646.79	91.20	5.090	479.50	464.25
SNF/ICF	25	214	10,987.99	51.35	.219	439.52	11.27
OUTPATIENTS	920	4,749	441,658.80	93.00	4.871	480.06	452.98
MEDICAL SUPPLIES	186	19,947	22,684.36	1.14	20.458	121.96	23.27
@DENTIST	29	122	\$ 9,797.00	\$ 80.30	.125	\$ 337.83	\$ 10.05
VISITS - DIAGNOSTIC	15	44	669.00	15.20	.045	44.60	.69
ORAL SURGERY	6	9	598.00	66.44	.009	99.67	.61
DRUGS	1	1	.00	.00	.001	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	19	1,936.00	101.89	.019	322.67	1.99
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.03

DENTURES, STAYPLATES	13	48	6,564.00	136.75	.049	504.92	6.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,310  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    IN HOME SUPPORT - TOTAL

975 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	52	\$ 971.92	\$ 18.69	.053	\$ 46.28	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	5	5	146.89	29.38	.005	29.38	.15
EYE APPLIANCES	17	46	798.58	17.36	.047	46.98	.82
OTHER OPTOMETRIC SERVICES	1	1	26.45	26.45	.001	26.45	.03
@CHIROPRACTOR	0	0	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	8	\$ 29.08	\$ 3.64	.008	\$ 2.24	\$ .03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	13	8	29.08	3.64	.008	2.24	.03
@HOME HEALTH AGENCY	9	323	\$ 10,012.07	\$ 31.00	.331	\$ 1112.45	\$ 10.27
NURSE ANESTHESIST	0	0	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	95	244	\$ 40,598.21	\$ 166.39	.250	\$ 427.35	\$ 41.64
HOSP INPATIENT TOTAL	40	2	34,632.67	17316.34	.002	865.82	35.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	1	2	3,940.82	1970.41	.002	3940.82	4.04
ACCOMMODATIONS	1	2	803.92	401.96	.002	803.92	.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	803.92	401.96	.002	803.92	.82
ANCILLARIES	1	0	3,136.90	.00	.000	3136.90	3.22
INPATIENT CROSSOVERS	39	0	30,691.85	.00	.000	786.97	31.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	56	242	5,965.54	24.65	.248	106.53	6.12
MEDICAL	2	8	435.47	54.43	.008	217.74	.45
SURGERY	1	1	36.07	36.07	.001	36.07	.04
PATHOLOGY	3	26	357.59	13.75	.027	119.20	.37
RADIOLOGY	4	7	956.64	136.66	.007	239.16	.98
ROOM USE	2	3	102.05	34.02	.003	51.03	.10
CROSSOVERS/ALL OTH OUTPTNT	49	197	4,077.72	20.70	.202	83.22	4.18
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,311  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

975 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	244	\$ 40,598.21	\$ 166.39	.250      \$ 427.35      \$ 41.64
COMM HOSP INPATIENT TOTAL	40	2	34,632.67	17316.34	.002      865.82      35.52
HSC HOSPITALS	0	0	.00	.00	.000      .00      .00
NON-HSC HOSPITALS TOTAL	1	2	3,940.82	1970.41	.002      3940.82      4.04
ACCOMMODATIONS	1	2	803.92	401.96	.002      803.92      .82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000      .00      .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000      .00      .00
ALL OTHER ACCOM	1	2	803.92	401.96	.002      803.92      .82
ANCILLARIES	1	0	3,136.90	.00	.000      3136.90      3.22
INPATIENT CROSSOVERS	39	0	30,691.85	.00	.000      786.97      31.48
ALL OTHER INPATIENT	0	0	.00	.00	.000      .00      .00
COMM HOSP OUTPATIENT TOTAL	56	242	5,965.54	24.65	.248      106.53      6.12
MEDICAL	2	8	435.47	54.43	.008      217.74      .45
SURGERY	1	1	36.07	36.07	.001      36.07      .04
PATHOLOGY	3	26	357.59	13.75	.027      119.20      .37
RADIOLOGY	4	7	956.64	136.66	.007      239.16      .98
ROOM USE	2	3	102.05	34.02	.003      51.03      .10

CROSSOVERS/ALL OTH OUTPTNT	49	197		4,077.72	20.70	.202	83.22	4.18
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	48	812	\$	128,943.21	\$ 158.80	.833	\$ 2686.32	\$ 132.25
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	48	812		128,943.21	158.80	.833	2686.32	132.25
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	19	\$	9,219.48	\$ 485.24	.019	\$ 838.13	\$ 9.46
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	19		9,219.48	485.24	.019	838.13	9.46
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	34	\$	293.67	\$ 8.64	.035	\$ 36.71	\$ .30
PATHOLOGY	6	30		257.39	8.58	.031	42.90	.26
XO AND OTHERS	2	4		36.28	9.07	.004	18.14	.04
@ORGANIZED OUTPATIENT CLINIC	204	483	\$	16,572.20	\$ 34.31	.495	\$ 81.24	\$ 17.00
CLINIC	1	7		326.42	46.63	.007	326.42	.33
SURGICENTER	11	25		1,744.68	69.79	.026	158.61	1.79
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	193	451		14,501.10	32.15	.463	75.14	14.87

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,312  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

975 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	438	33,875	\$ 77,042.31	\$ 2.27	34.744	\$ 175.90	\$ 79.02
DURABLE MED. EQUIP.	15	29	8,058.81	277.89	.030	537.25	8.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,285.17	642.59	.002	642.59	1.32
MEDICAL TRANSPORTATION	39	3,958	15,968.44	4.03	4.059	409.45	16.38
AMBULANCES/AIR TRANS	3	17	442.00	26.00	.017	147.33	.45
OTHER TRANS	32	3,924	15,433.99	3.93	4.025	482.31	15.83
OTHER SERVICES	5	17	92.45	5.44	.017	18.49	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	62	484	27,404.43	56.62	.496	442.01	28.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	49	573.51	11.70	.050	30.18	.59
PHYSICAL THERAPIST	1	1	.81	.81	.001	.81	.00
PORTABLE X-RAY	1	1	.30	.30	.001	.30	.00
PROSTHETIST/ORTHOTISTS	5	19	291.32	15.33	.019	58.26	.30
PROSTHETICS	5	19	291.32	15.33	.019	58.26	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	209.50	41.90	.005	104.75	.21



HOSPICE SERVICES	3	42		4,772.04	113.62	.043	1590.68	4.89
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	163		693.46	4.25	.167	346.73	.71
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	342	29,122		17,784.52	.61	29.869	52.00	18.24
@CALIF. CHILDREN SERVICES*	1	1	\$	33.99	\$ 33.99	.001	\$ 33.99	\$ .03
@XOVER EXCLUDING STATE HOSP**	549	6,470	\$	113,124.32	\$ 17.48	6.636	\$ 206.06	\$ 116.02

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

PAGE 18,313  
03/14/05

	7,707 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,702	181,793	\$	3,511,316.37	\$ 19.31	23.588	\$ 523.92	\$ 455.60
@PHYSICIANS SERVICES	1,311	3,702	\$	49,475.70	\$ 13.36	.480	\$ 37.74	\$ 6.42
OUTPATIENT VISITS	9	13		414.52	31.89	.002	46.06	.05
OFFICE VISITS	9	13		414.52	31.89	.002	46.06	.05
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	19	19		273.91	14.42	.002	14.42	.04
EXAMINATIONS	19	19		273.91	14.42	.002	14.42	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		8.22	8.22	.000	8.22	.00
RADIOLOGY	14	44		292.42	6.65	.006	20.89	.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		27.52	13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	1,278	3,623		48,459.11	13.38	.470	37.92	6.29
@PHARMACY	5,491	78,196	\$	1,952,305.42	\$ 24.97	10.146	\$ 355.55	\$ 253.32
PRESCRIPTION DRUGS	5,380	23,053		1,900,977.11	82.46	2.991	353.34	246.66
SNF/ICF	125	985		53,288.60	54.10	.128	426.31	6.91
OUTPATIENTS	5,265	22,068		1,847,688.51	83.73	2.863	350.94	239.74
MEDICAL SUPPLIES	724	55,143		51,328.31	.93	7.155	70.90	6.66
@DENTIST	217	963	\$	50,676.00	\$ 52.62	.125	\$ 233.53	\$ 6.58
VISITS - DIAGNOSTIC	139	506		5,784.00	11.43	.066	41.61	.75
ORAL SURGERY	40	105		5,054.00	48.13	.014	126.35	.66

DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	15	15	1,707.00	113.80	.002	113.80	.22
ENDODONTICS	7	13	3,465.00	266.54	.002	495.00	.45
RESTORATIVE DENTISTRY	42	120	8,400.00	70.00	.016	200.00	1.09
PROSTHETICS	6	7	150.00	21.43	.001	25.00	.02
DENTURES, STAYPLATES	66	191	26,016.00	136.21	.025	394.18	3.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,314  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	7,707 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	180	458	\$	8,510.51	\$ 18.58	.059	\$ 47.28	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	21	21		583.63	27.79	.003	27.79	.08
EYE APPLIANCES	144	396		6,746.00	17.04	.051	46.85	.88
OTHER OPTOMETRIC SERVICES	24	41		1,180.88	28.80	.005	49.20	.15
@CHIROPRACTOR	6	9	\$	150.48	\$ 16.72	.001	\$ 25.08	\$ .02
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	6	9		150.48	16.72	.001	25.08	.02
@PODIATRIST	101	121	\$	817.29	\$ 6.75	.016	\$ 8.09	\$ .11
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	101	121		817.29	6.75	.016	8.09	.11
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	5	11	\$	196.02	\$ 17.82	.001	\$ 39.20	\$ .03
@TOTAL HOSPITAL	440	1,231	\$	598,018.54	\$ 485.80	.160	\$ 1359.13	\$ 77.59
HOSP INPATIENT TOTAL	162	161		570,354.03	3542.57	.021	3520.70	74.00
HSC HOSPITALS	3	11		13,618.08	1238.01	.001	4539.36	1.77
NON-HSC HOSPITAL TOTAL	23	150		447,035.64	2980.24	.019	19436.33	58.00
ACCOMMODATIONS	23	150		84,424.03	562.83	.019	3670.61	10.95
ADMINISTRATIVE DAYS	1	3		599.82	199.94	.000	599.82	.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	147		83,824.21	570.23	.019	3810.19	10.88
ANCILLARIES	23	0		362,611.61	.00	.000	15765.72	47.05
INPATIENT CROSSOVERS	136	0		109,700.31	.00	.000	806.62	14.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	293	1,070		27,664.51	25.85	.139	94.42	3.59
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	3		416.20	138.73	.000	208.10	.05
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	291	1,067		27,248.31	25.54	.138	93.64	3.54
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,315  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
7,707 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	440	1,231	\$ 598,018.54	\$ 485.80	.160	\$ 1359.13	\$ 77.59	
COMM HOSP INPATIENT TOTAL	162	161	570,354.03	3542.57	.021	3520.70	74.00	
HSC HOSPITALS	3	11	13,618.08	1238.01	.001	4539.36	1.77	
NON-HSC HOSPITALS TOTAL	23	150	447,035.64	2980.24	.019	19436.33	58.00	
ACCOMMODATIONS	23	150	84,424.03	562.83	.019	3670.61	10.95	
ADMINISTRATIVE DAYS	1	3	599.82	199.94	.000	599.82	.08	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	22	147	83,824.21	570.23	.019	3810.19	10.88	
ANCILLARIES	23	0	362,611.61	.00	.000	15765.72	47.05	
INPATIENT CROSSOVERS	136	0	109,700.31	.00	.000	806.62	14.23	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	293	1,070		27,664.51	25.85	.139	94.42	3.59
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	3		416.20	138.73	.000	208.10	.05
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	291	1,067		27,248.31	25.54	.138	93.64	3.54
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	.00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	166	2,983	\$	468,761.65	\$ 157.14	.387	\$ 2823.87	\$ 60.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	166	2,983		468,761.65	157.14	.387	2823.87	60.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	.00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	65	96	\$	35,531.11	\$ 370.12	.012	\$ 546.63	\$ 4.61
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	65	96		35,531.11	370.12	.012	546.63	4.61
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	.00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	87	\$	780.74	\$ 8.97	.011	\$ 27.88	\$ .10
PATHOLOGY	14	61		549.83	9.01	.008	39.27	.07
XO AND OTHERS	14	26		230.91	8.88	.003	16.49	.03
@ORGANIZED OUTPATIENT CLINIC	1,172	2,551	\$	80,571.29	\$ 31.58	.331	\$ 68.75	\$ 10.45
CLINIC	12	232		4,479.07	19.31	.030	373.26	.58
SURGICENTER	26	31		4,146.39	133.75	.004	159.48	.54
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,139	2,288		71,945.83	31.44	.297	63.17	9.34

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,316  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	7,707 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,692	91,385	\$	265,521.62	\$ 2.91	11.857	\$ 156.93	\$ 34.45
DURABLE MED. EQUIP.	44	122		12,851.71	105.34	.016	292.08	1.67
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	41	57		4,037.67	70.84	.007	98.48	.52
MEDICAL TRANSPORTATION	85	8,569		30,869.50	3.60	1.112	363.17	4.01
AMBULANCES/AIR TRANS	1	1		118.20	118.20	.000	118.20	.02
OTHER TRANS	62	8,431		30,150.59	3.58	1.094	486.30	3.91
OTHER SERVICES	26	137		600.71	4.38	.018	23.10	.08
ACUPUNCTURE	4	7		135.14	19.31	.001	33.79	.02
ADULT DAY HEALTH CARE CTR	12	211		14,681.38	69.58	.027	1223.45	1.90
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	270	1,832		121,200.97	66.16	.238	448.89	15.73
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	168	413		4,846.29	11.73	.054	28.85	.63
PHYSICAL THERAPIST	2	2		1.62	.81	.000	.81	.00

PORTABLE X-RAY	7	8	5.55	.69	.001	.79	.00
PROSTHETIST/ORTHOTISTS	9	34	521.28	15.33	.004	57.92	.07
PROSTHETICS	9	34	521.28	15.33	.004	57.92	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	33	57	5,551.05	97.39	.007	168.21	.72
HOSPICE SERVICES	11	219	23,526.02	107.42	.028	2138.73	3.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	5	64.55	12.91	.001	64.55	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,178	79,849	47,228.89	.59	10.361	40.09	6.13
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,641	16,205	\$ 392,673.08	\$ 24.23	2.103	\$ 148.68	\$ 50.95

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,317
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

781 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	662	18,619	\$ 671,152.46	\$ 36.05	23.840	\$ 1013.83	\$ 859.35
@PHYSICIANS SERVICES	192	710	\$ 35,304.87	\$ 49.73	.909	\$ 183.88	\$ 45.20
OUTPATIENT VISITS	60	82	3,167.55	38.63	.105	52.79	4.06
OFFICE VISITS	47	62	2,050.18	33.07	.079	43.62	2.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.003	68.35	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	9	675.98	75.11	.012	225.33	.87
OTHER OUTPATIENT	8	9	304.69	33.85	.012	38.09	.39
INPATIENT VISITS	15	80	3,885.09	48.56	.102	259.01	4.97
HOSPITAL VISITS	14	75	3,463.99	46.19	.096	247.43	4.44
CRITICAL CARE	1	3	302.10	100.70	.004	302.10	.39
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.003	59.50	.15
OPHTHALMOLOGICAL SERVICES	13	12	466.63	38.89	.015	35.89	.60
EXAMINATIONS	13	12	466.63	38.89	.015	35.89	.60
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	51	3,150.41	61.77	.065	350.05	4.03
PRINCIPAL SURGEON	8	9	1,993.00	221.44	.012	249.13	2.55
ASSISTANT SURGEON	1	1	107.22	107.22	.001	107.22	.14
ANESTHESIOLOGIST	5	41	1,050.19	25.61	.052	210.04	1.34
OUTPATIENT SURGERY	15	37	8,106.88	219.10	.047	540.46	10.38
PRINCIPAL SURGEON	12	20	7,410.33	370.52	.026	617.53	9.49
ASSISTANT SURGEON	1	1	244.60	244.60	.001	244.60	.31
ANESTHESIOLOGIST	3	16	451.95	28.25	.020	150.65	.58
DIALYSIS	16	50	3,690.53	73.81	.064	230.66	4.73
PATHOLOGY	1	1	8.08	8.08	.001	8.08	.01
RADIOLOGY	54	124	7,200.96	58.07	.159	133.35	9.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	12.43	6.22	.003	12.43	.02
OTHER SERVICES/ALL X-OVERS	97	271	5,616.31	20.72	.347	57.90	7.19
@PHARMACY	502	7,370	\$ 201,018.85	\$ 27.28	9.437	\$ 400.44	\$ 257.39
PRESCRIPTION DRUGS	480	2,114	188,272.73	89.06	2.707	392.23	241.07

SNF/ICF	9	134	7,719.80	57.61	.172	857.76	9.88
OUTPATIENTS	472	1,980	180,552.93	91.19	2.535	382.53	231.18
MEDICAL SUPPLIES	106	5,256	12,746.12	2.43	6.730	120.25	16.32
@DENTIST	20	80	\$ 3,359.00	\$ 41.99	.102	\$ 167.95	\$ 4.30
VISITS - DIAGNOSTIC	11	50	568.00	11.36	.064	51.64	.73
ORAL SURGERY	3	3	296.00	98.67	.004	98.67	.38
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	409.00	102.25	.005	102.25	.52
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	117.00	58.50	.003	117.00	.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	21	1,969.00	93.76	.027	328.17	2.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,318  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

781 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	26	\$ 482.96	\$ 18.58	.033	\$ 60.37	\$ .62
DIAGNOSTIC AND ANC. PROCED	4	5	152.23	30.45	.006	38.06	.19
EYE APPLIANCES	6	21	330.73	15.75	.027	55.12	.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	14	\$ 200.64	\$ 14.33	.018	\$ 50.16	\$ .26
VISITS	4	14	200.64	14.33	.018	50.16	.26
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	30	\$ 529.36	\$ 17.65	.038	\$ 27.86	\$ .68
MEDICINE/INJECTIONS	11	19	444.00	23.37	.024	40.36	.57
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	8.65	8.65	.001	8.65	.01
OTHER	8	10	76.71	7.67	.013	9.59	.10
@HOME HEALTH AGENCY	29	2,460	\$ 74,862.73	\$ 30.43	3.150	\$ 2581.47	\$ 95.85
NURSE ANESTHESIST	1	3	81.77	27.26	.004	81.77	.10
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	17	46	\$ 672.28	\$ 14.61	.059	\$ 39.55	\$ .86
@TOTAL HOSPITAL	97	545	\$ 197,989.17	\$ 363.28	.698	\$ 2041.13	\$ 253.51
HOSP INPATIENT TOTAL	24	97	185,929.25	1916.80	.124	7747.05	238.07
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	15	97	178,552.92	1840.75	.124	11903.53	228.62
ACCOMMODATIONS	15	97	46,992.23	484.46	.124	3132.82	60.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	97	46,992.23	484.46	.124	3132.82	60.17
ANCILLARIES	15	0	131,560.69	.00	.000	8770.71	168.45
INPATIENT CROSSOVERS	9	0	7,376.33	.00	.000	819.59	9.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	448	12,059.92	26.92	.574	141.88	15.44
MEDICAL	30	61	2,742.17	44.95	.078	91.41	3.51
SURGERY	13	13	794.45	61.11	.017	61.11	1.02
PATHOLOGY	37	178	2,193.88	12.33	.228	59.29	2.81

RADIOLOGY	33	41	2,860.18	69.76	.052	86.67	3.66
ROOM USE	37	44	1,853.01	42.11	.056	50.08	2.37
CROSSOVERS/ALL OTH OUTPTNT	36	111	1,616.23	14.56	.142	44.90	2.07
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,319  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

781 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	97	545	\$ 197,989.17	\$ 363.28	.698	\$ 2041.13	\$ 253.51
COMM HOSP INPATIENT TOTAL	24	97	185,929.25	1916.80	.124	7747.05	238.07
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	15	97	178,552.92	1840.75	.124	11903.53	228.62
ACCOMMODATIONS	15	97	46,992.23	484.46	.124	3132.82	60.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	97	46,992.23	484.46	.124	3132.82	60.17
ANCILLARIES	15	0	131,560.69	.00	.000	8770.71	168.45
INPATIENT CROSSOVERS	9	0	7,376.33	.00	.000	819.59	9.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	448	12,059.92	26.92	.574	141.88	15.44
MEDICAL	30	61	2,742.17	44.95	.078	91.41	3.51
SURGERY	13	13	794.45	61.11	.017	61.11	1.02
PATHOLOGY	37	178	2,193.88	12.33	.228	59.29	2.81
RADIOLOGY	33	41	2,860.18	69.76	.052	86.67	3.66
ROOM USE	37	44	1,853.01	42.11	.056	50.08	2.37
CROSSOVERS/ALL OTH OUTPTNT	36	111	1,616.23	14.56	.142	44.90	2.07
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	139	\$ 16,599.15	\$ 119.42	.178	\$ 4149.79	\$ 21.25
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	139	16,599.15	119.42	.178	4149.79	21.25
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	38	1,019	\$ 64,555.55	\$ 63.35	1.305	\$ 1698.83	\$ 82.66
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	38	1,019	64,555.55	63.35	1.305	1698.83	82.66
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	59	270	\$ 3,155.09	\$ 11.69	.346	\$ 53.48	\$ 4.04
PATHOLOGY	59	270	3,155.09	11.69	.346	53.48	4.04
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	186	373	\$ 25,155.81	\$ 67.44	.478	\$ 135.25	\$ 32.21
CLINIC	1	7	326.42	46.63	.009	326.42	.42
SURGICENTER	4	15	1,031.55	68.77	.019	257.89	1.32
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	183	351	23,797.84	67.80	.449	130.04	30.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

PAGE 18,320  
03/14/05

781 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	147	5,534	\$ 47,185.23	\$ 8.53	7.086	\$ 320.99	\$ 60.42
DURABLE MED. EQUIP.	24	47	11,339.29	241.26	.060	472.47	14.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	10	1,485.17	148.52	.013	297.03	1.90
MEDICAL TRANSPORTATION	50	5,146	24,678.51	4.80	6.589	493.57	31.60
AMBULANCES/AIR TRANS	17	151	3,526.86	23.36	.193	207.46	4.52
OTHER TRANS	36	4,993	21,124.15	4.23	6.393	586.78	27.05
OTHER SERVICES	1	2	27.50	13.75	.003	27.50	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	1	1	73.06	73.06	.001	73.06	.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	17	90	7,422.19	82.47	.115	436.60	9.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	24	321.22	13.38	.031	40.15	.41
PHYSICAL THERAPIST	5	31	446.88	14.42	.040	89.38	.57
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	80.69	80.69	.001	80.69	.10
PROSTHETICS	1	1	80.69	80.69	.001	80.69	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	72.70	36.35	.003	36.35	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	81	453.38	5.60	.104	64.77	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	101	812.14	8.04	.129	19.34	1.04
@CALIF. CHILDREN SERVICES*	23	112	\$ 18,366.16	\$ 163.98	.143	\$ 798.53	\$ 23.52
@XOVER EXCLUDING STATE HOSP**	113	396	\$ 29,545.30	\$ 74.61	.507	\$ 261.46	\$ 37.83

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,321  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

40,985 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37,463	753,018	\$ 28,444,800.89	\$ 37.77	18.373	\$ 759.28	\$ 694.03
@PHYSICIANS SERVICES	9,740	37,446	\$ 1,181,530.91	\$ 31.55	.914	\$ 121.31	\$ 28.83
OUTPATIENT VISITS	3,514	4,922	170,008.08	34.54	.120	48.38	4.15
OFFICE VISITS	3,057	4,258	139,132.46	32.68	.104	45.51	3.39
HOME VISITS	31	36	1,788.40	49.68	.001	57.69	.04
EMERGENCY ROOM	192	221	14,342.83	64.90	.005	74.70	.35
PREVENTIVE CARE	3	3	106.77	35.59	.000	35.59	.00
OB VISITS/COMPRE PERI	34	45	4,253.44	94.52	.001	125.10	.10
OTHER OUTPATIENT	294	359	10,384.18	28.93	.009	35.32	.25
INPATIENT VISITS	526	2,054	105,303.43	51.27	.050	200.20	2.57
HOSPITAL VISITS	466	1,757	78,248.46	44.54	.043	167.92	1.91
CRITICAL CARE	47	174	23,052.83	132.49	.004	490.49	.56
SNF/ICF/TRANS IP CARE	62	123	4,002.14	32.54	.003	64.55	.10
OPHTHALMOLOGICAL SERVICES	345	454	17,444.78	38.42	.011	50.56	.43
EXAMINATIONS	342	448	17,289.49	38.59	.011	50.55	.42
SERVICES AND MATERIALS	6	6	155.29	25.88	.000	25.88	.00
INPATIENT HOSPITAL SURGERY	329	1,879	173,945.19	92.57	.046	528.71	4.24
PRINCIPAL SURGEON	258	376	133,841.21	355.96	.009	518.76	3.27
ASSISTANT SURGEON	41	41	9,934.52	242.31	.001	242.31	.24
ANESTHESIOLOGIST	112	1,462	30,169.46	20.64	.036	269.37	.74
OUTPATIENT SURGERY	518	1,346	134,601.21	100.00	.033	259.85	3.28
PRINCIPAL SURGEON	431	576	116,618.85	202.46	.014	270.58	2.85
ASSISTANT SURGEON	6	6	849.41	141.57	.000	141.57	.02
ANESTHESIOLOGIST	114	764	17,132.95	22.43	.019	150.29	.42
DIALYSIS	75	216	19,569.58	90.60	.005	260.93	.48
PATHOLOGY	340	665	10,815.35	16.26	.016	31.81	.26

RADIOLOGY	3,209	6,255		244,699.76	39.12	.153	76.25	5.97
PSYCHIATRY	6	6		238.19	39.70	.000	39.70	.01
IMMUNIZATION AND INJECTION	190	1,112		9,228.70	8.30	.027	48.57	.23
OTHER SERVICES/ALL X-OVERS	4,409	18,537		295,676.64	15.95	.452	67.06	7.21
@PHARMACY	28,256	349,928	\$	14,288,194.10	\$ 40.83	8.538	\$ 505.67	\$ 348.62
PRESCRIPTION DRUGS	27,830	126,798		13,375,482.74	105.49	3.094	480.61	326.35
SNF/ICF	264	2,758		212,437.18	77.03	.067	804.69	5.18
OUTPATIENTS	27,611	124,040		13,163,045.56	106.12	3.026	476.73	321.17
MEDICAL SUPPLIES	3,053	223,130		912,711.36	4.09	5.444	298.96	22.27
@DENTIST	1,802	8,307	\$	356,370.44	\$ 42.90	.203	\$ 197.76	\$ 8.70
VISITS - DIAGNOSTIC	1,141	4,894		61,204.79	12.51	.119	53.64	1.49
ORAL SURGERY	288	906		50,289.00	55.51	.022	174.61	1.23
DRUGS	10	10		215.00	21.50	.000	21.50	.01
ANESTHESIA	14	14		1,390.00	99.29	.000	99.29	.03
PERIODONTICS	109	116		12,962.00	111.74	.003	118.92	.32
ENDODONTICS	103	154		34,630.00	224.87	.004	336.21	.84
RESTORATIVE DENTISTRY	514	1,400		88,310.65	63.08	.034	171.81	2.15
PROSTHETICS	13	15		920.00	61.33	.000	70.77	.02
DENTURES, STAYPLATES	242	645		98,763.00	153.12	.016	408.11	2.41
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3		146.00	48.67	.000	48.67	.00
FRACTURES, DISLOCATIONS	1	1		500.00	500.00	.000	500.00	.01
ORTHODONTIC SERVICES	55	77		6,815.00	88.51	.002	123.91	.17
ALL OTHER SERVICES	71	72		225.00	3.13	.002	3.17	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,322  
 MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

40,985 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,051	3,077	\$ 63,510.82	\$ 20.64	.075	\$ 60.43	\$ 1.55
DIAGNOSTIC AND ANC. PROCED	544	651	23,570.87	36.21	.016	43.33	.58
EYE APPLIANCES	842	2,370	38,525.47	16.26	.058	45.75	.94
OTHER OPTOMETRIC SERVICES	39	56	1,414.48	25.26	.001	36.27	.03
@CHIROPRACTOR	347	1,089	\$ 16,939.80	\$ 15.56	.027	\$ 48.82	\$ .41
VISITS	331	1,053	16,502.64	15.67	.026	49.86	.40
OTHER SERVICES	16	36	437.16	12.14	.001	27.32	.01
@PODIATRIST	186	219	\$ 2,594.93	\$ 11.85	.005	\$ 13.95	\$ .06
MEDICINE/INJECTIONS	43	44	1,153.60	26.22	.001	26.83	.03
SURGERY/ANES.	2	2	265.45	132.73	.000	132.73	.01
RADIO./PATHOLOGY	3	3	51.90	17.30	.000	17.30	.00
OTHER	141	170	1,123.98	6.61	.004	7.97	.03
@HOME HEALTH AGENCY	280	3,446	\$ 157,742.49	\$ 45.78	.084	\$ 563.37	\$ 3.85
NURSE ANESTHESIST	26	294	\$ 2,438.35	\$ 8.29	.007	\$ 93.78	\$ .06
NURSE MIDWIFE	11	22	\$ 10,329.07	\$ 469.50	.001	\$ 939.01	\$ .25
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$ .00
FAMILY NURSE PRACTITIONER	1,245	2,964	\$ 43,898.24	\$ 14.81	.072	\$ 35.26	\$ 1.07
@TOTAL HOSPITAL	6,013	33,839	\$ 7,704,971.61	\$ 227.70	.826	\$ 1281.39	\$ 187.99
HOSP INPATIENT TOTAL	798	3,343	6,637,469.00	1985.48	.082	8317.63	161.95
HSC HOSPITALS	86	463	589,371.10	1272.94	.011	6853.15	14.38
NON-HSC HOSPITAL TOTAL	510	2,880	5,859,930.67	2034.70	.070	11490.06	142.98
ACCOMMODATIONS	509	2,880	1,461,017.68	507.30	.070	2870.37	35.65
ADMINISTRATIVE DAYS	4	22	4,894.39	222.47	.001	1223.60	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	505	2,858	1,456,123.29	509.49	.070	2883.41	35.53
ANCILLARIES	510	0	4,398,912.99	.00	.000	8625.32	107.33

INPATIENT CROSSOVERS	214	0	188,167.23	.00	.000	879.29	4.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,565	30,496	1,067,502.61	35.00	.744	191.82	26.05
MEDICAL	1,880	3,549	180,944.60	50.98	.087	96.25	4.41
SURGERY	432	535	27,578.34	51.55	.013	63.84	.67
PATHOLOGY	2,097	11,076	136,757.87	12.35	.270	65.22	3.34
RADIOLOGY	2,256	3,572	298,197.03	83.48	.087	132.18	7.28
ROOM USE	2,114	3,013	123,185.61	40.88	.074	58.27	3.01
CROSSOVERS/ALL OTH OUTPTNT	2,217	8,751	300,839.16	34.38	.214	135.70	7.34
@COUNTY HOSPITAL TOTAL	9	39	\$ 1,200.07	\$ 30.77	.001	\$ 133.34	\$ .03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	39	1,200.07	30.77	.001	133.34	.03
MEDICAL	3	4	160.59	40.15	.000	53.53	.00
SURGERY	1	1	4.37	4.37	.000	4.37	.00
PATHOLOGY	1	15	223.02	14.87	.000	223.02	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	105.36	35.12	.000	35.12	.00
CROSSOVERS/ALL OTH OUTPTNT	5	16	706.73	44.17	.000	141.35	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,323  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
40,985 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,006	33,800	\$ 7,703,771.54	\$ 227.92	.825	\$ 1282.68	\$ 187.97	
COMM HOSP INPATIENT TOTAL	798	3,343	6,637,469.00	1985.48	.082	8317.63	161.95	
HSC HOSPITALS	86	463	589,371.10	1272.94	.011	6853.15	14.38	
NON-HSC HOSPITALS TOTAL	510	2,880	5,859,930.67	2034.70	.070	11490.06	142.98	
ACCOMMODATIONS	509	2,880	1,461,017.68	507.30	.070	2870.37	35.65	
ADMINISTRATIVE DAYS	4	22	4,894.39	222.47	.001	1223.60	.12	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	505	2,858	1,456,123.29	509.49	.070	2883.41	35.53	
ANCILLARIES	510	0	4,398,912.99	.00	.000	8625.32	107.33	
INPATIENT CROSSOVERS	214	0	188,167.23	.00	.000	879.29	4.59	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,558	30,457	1,066,302.54	35.01	.743	191.85	26.02	
MEDICAL	1,877	3,545	180,784.01	51.00	.086	96.32	4.41	
SURGERY	431	534	27,573.97	51.64	.013	63.98	.67	
PATHOLOGY	2,096	11,061	136,534.85	12.34	.270	65.14	3.33	
RADIOLOGY	2,256	3,572	298,197.03	83.48	.087	132.18	7.28	
ROOM USE	2,111	3,010	123,080.25	40.89	.073	58.30	3.00	
CROSSOVERS/ALL OTH OUTPTNT	2,214	8,735	300,132.43	34.36	.213	135.56	7.32	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	254	5,585	\$ 978,604.09	\$ 175.22	.136	\$ 3852.77	\$ 23.88	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	5	131		16,416.92		125.32	.003	3283.38	.40
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	365		211,715.45		580.04	.009	17642.95	5.17
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	237	5,089		750,471.72		147.47	.124	3166.55	18.31
@INTERMEDIATE CARE FACIL.-DD	13	396	\$	82,196.73	\$	207.57	.010	\$ 6322.83	\$ 2.01
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	13	396		82,196.73		207.57	.010	6322.83	2.01
@HEMODIALYSIS TOTAL	269	12,943	\$	435,546.93	\$	33.65	.316	\$ 1619.13	\$ 10.63
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	269	12,943		435,546.93		33.65	.316	1619.13	10.63
@REHABILITATION FACILITY	15	26	\$	1,172.88	\$	45.11	.001	\$ 78.19	\$ .03
HOSPITAL BASED	13	23		1,082.01		47.04	.001	83.23	.03
INDEPENDENT FACILITY	2	3		90.87		30.29	.000	45.44	.00
@LABORATORY FACILITY	3,172	14,257	\$	161,468.04	\$	11.33	.348	\$ 50.90	\$ 3.94
PATHOLOGY	3,156	14,226		161,274.77		11.34	.347	51.10	3.93
XO AND OTHERS	17	31		193.27		6.23	.001	11.37	.00
@ORGANIZED OUTPATIENT CLINIC	11,167	22,899	\$	1,610,415.85	\$	70.33	.559	\$ 144.21	\$ 39.29
CLINIC	209	1,295		28,511.22		22.02	.032	136.42	.70
SURGICENTER	113	433		22,312.69		51.53	.011	197.46	.54
HEROIN DETOX CLINIC	4	37		446.90		12.08	.001	111.73	.01
RURAL HEALTH CLINIC	10,920	21,134		1,559,145.04		73.77	.516	142.78	38.04

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 18,324  
03/14/05

40,985 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,518	256,280	\$ 1,346,818.41	\$ 5.26	6.253	\$ 206.63	\$ 32.86
DURABLE MED. EQUIP.	839	2,628	285,078.77	108.48	.064	339.78	6.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	92	111	12,384.94	111.58	.003	134.62	.30
MEDICAL TRANSPORTATION	1,084	30,471	232,490.89	7.63	.743	214.47	5.67
AMBULANCES/AIR TRANS	853	7,366	125,036.24	16.97	.180	146.58	3.05
OTHER TRANS	184	22,726	96,845.97	4.26	.554	526.34	2.36
OTHER SERVICES	90	379	10,608.68	27.99	.009	117.87	.26
ACUPUNCTURE	31	77	1,114.75	14.48	.002	35.96	.03
ADULT DAY HEALTH CARE CTR	17	150	10,447.44	69.65	.004	614.56	.25
GENETIC DISEASE TESTING	4	4	420.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	270	10,070	367,704.99	36.51	.246	1361.87	8.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	906	2,084	22,110.13	10.61	.051	24.40	.54
PHYSICAL THERAPIST	41	208	3,035.88	14.60	.005	74.05	.07
PORTABLE X-RAY	15	27	347.10	12.86	.001	23.14	.01
PROSTHETIST/ORTHOTISTS	164	380	34,954.97	91.99	.009	213.14	.85
PROSTHETICS	163	377	34,928.72	92.65	.009	214.29	.85
ORTHOTICS	1	3	26.25	8.75	.000	26.25	.00
PSYCHOLOGIST	2	5	151.93	30.39	.000	75.97	.00
SPEECH AND AUDIOLOGY	248	930	35,528.34	38.20	.023	143.26	.87
HOSPICE SERVICES	36	826	95,899.63	116.10	.020	2663.88	2.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	918	27,960	104,747.88	3.75	.682	114.10	2.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,423	180,349		140,400.77		.78	4.400	57.95	3.43
@CALIF. CHILDREN SERVICES*	411	9,410	\$	1,431,656.52	\$	152.14	.230	\$ 3483.35	\$ 34.93
@XOVER EXCLUDING STATE HOSP**	4,949	43,786	\$	717,438.45	\$	16.39	1.068	\$ 144.97	\$ 17.50

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,325

MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
67,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	35,725	162,371	\$ 9,126,875.73	\$ 56.21	2.395	\$ 255.48	\$ 134.62	
@PHYSICIANS SERVICES	6,824	21,224	\$ 803,616.54	\$ 37.86	.313	\$ 117.76	\$ 11.85	
OUTPATIENT VISITS	3,385	4,341	169,103.99	38.96	.064	49.96	2.49	
OFFICE VISITS	2,892	3,718	130,930.18	35.22	.055	45.27	1.93	
HOME VISITS	11	11	567.60	51.60	.000	51.60	.01	
EMERGENCY ROOM	266	284	15,775.08	55.55	.004	59.30	.23	
PREVENTIVE CARE	4	4	164.30	41.08	.000	41.08	.00	
OB VISITS/COMPRE PERI	154	209	18,228.26	87.22	.003	118.37	.27	
OTHER OUTPATIENT	108	115	3,438.57	29.90	.002	31.84	.05	
INPATIENT VISITS	354	1,184	84,134.62	71.06	.017	237.67	1.24	
HOSPITAL VISITS	329	862	40,579.93	47.08	.013	123.34	.60	
CRITICAL CARE	53	322	43,554.69	135.26	.005	821.79	.64	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	175	208	8,938.30	42.97	.003	51.08	.13	
EXAMINATIONS	172	205	8,878.30	43.31	.003	51.62	.13	
SERVICES AND MATERIALS	3	3	60.00	20.00	.000	20.00	.00	
INPATIENT HOSPITAL SURGERY	396	1,529	227,399.40	148.72	.023	574.24	3.35	
PRINCIPAL SURGEON	250	359	183,016.90	509.80	.005	732.07	2.70	
ASSISTANT SURGEON	60	60	10,268.19	171.14	.001	171.14	.15	
ANESTHESIOLOGIST	174	1,110	34,114.31	30.73	.016	196.06	.50	

OUTPATIENT SURGERY	493	1,283	88,277.96	68.81	.019	179.06	1.30
PRINCIPAL SURGEON	408	562	70,562.34	125.56	.008	172.95	1.04
ASSISTANT SURGEON	4	4	335.98	84.00	.000	84.00	.00
ANESTHESIOLOGIST	123	717	17,379.64	24.24	.011	141.30	.26
DIALYSIS	1	1	56.60	56.60	.000	56.60	.00
PATHOLOGY	254	528	8,787.68	16.64	.008	34.60	.13
RADIOLOGY	2,646	4,022	122,773.84	30.53	.059	46.40	1.81
PSYCHIATRY	1	1	74.30	74.30	.000	74.30	.00
IMMUNIZATION AND INJECTION	153	345	10,142.46	29.40	.005	66.29	.15
OTHER SERVICES/ALL X-OVERS	1,199	7,782	83,927.39	10.78	.115	70.00	1.24
@PHARMACY	16,208	41,729	\$ 2,098,352.55	\$ 50.29	.616	\$ 129.46	\$ 30.95
PRESCRIPTION DRUGS	16,117	38,524	2,063,801.77	53.57	.568	128.05	30.44
SNF/ICF	17	34	934.65	27.49	.001	54.98	.01
OUTPATIENTS	16,101	38,490	2,062,867.12	53.59	.568	128.12	30.43
MEDICAL SUPPLIES	311	3,205	34,550.78	10.78	.047	111.10	.51
@DENTIST	3,180	16,515	\$ 524,328.86	\$ 31.75	.244	\$ 164.88	\$ 7.73
VISITS - DIAGNOSTIC	2,222	10,759	153,941.51	14.31	.159	69.28	2.27
ORAL SURGERY	496	1,069	64,516.00	60.35	.016	130.07	.95
DRUGS	91	106	2,440.00	23.02	.002	26.81	.04
ANESTHESIA	31	31	3,090.00	99.68	.000	99.68	.05
PERIODONTICS	44	52	5,169.00	99.40	.001	117.48	.08
ENDODONTICS	274	573	71,595.25	124.95	.008	261.30	1.06
RESTORATIVE DENTISTRY	1,115	3,345	185,718.35	55.52	.049	166.56	2.74
PROSTHETICS	4	4	130.00	32.50	.000	32.50	.00
DENTURES, STAYPLATES	33	122	13,326.00	109.23	.002	403.82	.20
SPACE MAINTAINERS	22	27	2,982.00	110.44	.000	135.55	.04
MAXILLOFACIAL SERVICES	9	9	392.00	43.56	.000	43.56	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	202	247	18,653.75	75.52	.004	92.35	.28
ALL OTHER SERVICES	137	171	2,375.00	13.89	.003	17.34	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,326
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

----- MONTHLY AVERAGE -----							
67,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	740	2,187	\$ 47,580.12	\$ 21.76	.032	\$ 64.30	\$ .70
DIAGNOSTIC AND ANC. PROCED	545	640	24,850.79	38.83	.009	45.60	.37
EYE APPLIANCES	550	1,532	22,272.60	14.54	.023	40.50	.33
OTHER OPTOMETRIC SERVICES	12	15	456.73	30.45	.000	38.06	.01
@CHIROPRACTOR	217	586	\$ 9,133.30	\$ 15.59	.009	\$ 42.09	\$ .13
VISITS	217	586	9,133.30	15.59	.009	42.09	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	6	\$ 156.10	\$ 26.02	.000	\$ 31.22	\$ .00
MEDICINE/INJECTIONS	4	5	138.80	27.76	.000	34.70	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	243	538	\$ 30,783.49	\$ 57.22	.008	\$ 126.68	\$ .45
NURSE ANESTHESIST	16	111	\$ 1,721.72	\$ 15.51	.002	\$ 107.61	\$ .03
NURSE MIDWIFE	61	104	\$ 48,918.92	\$ 470.37	.002	\$ 801.95	\$ .72
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1,168	2,706	\$ 45,507.54	\$ 16.82	.040	\$ 38.96	\$ .67
@TOTAL HOSPITAL	4,733	21,657	\$ 3,126,106.07	\$ 144.35	.319	\$ 660.49	\$ 46.11
HOSP INPATIENT TOTAL	428	1,669	2,529,421.52	1515.53	.025	5909.86	37.31
HSC HOSPITALS	72	481	723,223.12	1503.58	.007	10044.77	10.67

NON-HSC HOSPITAL TOTAL	361	1,188	1,806,198.40	1520.37	.018	5003.32	26.64
ACCOMMODATIONS	361	1,188	554,194.99	466.49	.018	1535.17	8.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	361	1,188	554,194.99	466.49	.018	1535.17	8.17
ANCILLARIES	361	0	1,252,003.41	.00	.000	3468.15	18.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,495	19,988	596,684.55	29.85	.295	132.74	8.80
MEDICAL	1,511	2,121	110,583.30	52.14	.031	73.19	1.63
SURGERY	421	527	29,786.82	56.52	.008	70.75	.44
PATHOLOGY	1,639	6,302	80,460.72	12.77	.093	49.09	1.19
RADIOLOGY	1,975	2,580	139,714.00	54.15	.038	70.74	2.06
ROOM USE	2,616	3,554	141,339.83	39.77	.052	54.03	2.08
CROSSOVERS/ALL OTH OUTPTNT	1,531	4,904	94,799.88	19.33	.072	61.92	1.40
@COUNTY HOSPITAL TOTAL	12	71	\$ 2,578.34	\$ 36.31	.001	\$ 214.86	\$ .04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	71	2,578.34	36.31	.001	214.86	.04
MEDICAL	6	8	383.10	47.89	.000	63.85	.01
SURGERY	5	5	206.44	41.29	.000	41.29	.00
PATHOLOGY	4	21	636.01	30.29	.000	159.00	.01
RADIOLOGY	2	2	76.77	38.39	.000	38.39	.00
ROOM USE	10	18	1,055.93	58.66	.000	105.59	.02
CROSSOVERS/ALL OTH OUTPTNT	7	17	220.09	12.95	.000	31.44	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,327  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----		
67,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,722	21,586	\$ 3,123,527.73	\$ 144.70	.318	\$ 661.48	\$ 46.07
COMM HOSP INPATIENT TOTAL	428	1,669	2,529,421.52	1515.53	.025	5909.86	37.31
HSC HOSPITALS	72	481	723,223.12	1503.58	.007	10044.77	10.67
NON-HSC HOSPITALS TOTAL	361	1,188	1,806,198.40	1520.37	.018	5003.32	26.64
ACCOMMODATIONS	361	1,188	554,194.99	466.49	.018	1535.17	8.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	361	1,188	554,194.99	466.49	.018	1535.17	8.17
ANCILLARIES	361	0	1,252,003.41	.00	.000	3468.15	18.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,484	19,917	594,106.21	29.83	.294	132.49	8.76
MEDICAL	1,506	2,113	110,200.20	52.15	.031	73.17	1.63
SURGERY	416	522	29,580.38	56.67	.008	71.11	.44
PATHOLOGY	1,635	6,281	79,824.71	12.71	.093	48.82	1.18
RADIOLOGY	1,973	2,578	139,637.23	54.16	.038	70.77	2.06
ROOM USE	2,607	3,536	140,283.90	39.67	.052	53.81	2.07

CROSSOVERS/ALL OTH OUTPTNT	1,524	4,887		94,579.79		19.35	.072	62.06	1.40
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	6	9	\$	560.59	\$	62.29	.000	\$ 93.43	\$ .01
HOSPITAL BASED	6	9		560.59		62.29	.000	93.43	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2,209	7,025	\$	99,004.94	\$	14.09	.104	\$ 44.82	\$ 1.46
PATHOLOGY	2,209	7,025		99,004.94		14.09	.104	44.82	1.46
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14,093	24,669	\$	1,956,475.67	\$	79.31	.364	\$ 138.83	\$ 28.86
CLINIC	700	3,664		77,983.09		21.28	.054	111.40	1.15
SURGICENTER	60	274		9,020.12		32.92	.004	150.34	.13
HEROIN DETOX CLINIC	4	46		535.05		11.63	.001	133.76	.01
RURAL HEALTH CLINIC	13,426	20,685		1,868,937.41		90.35	.305	139.20	27.57

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,328  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
67,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,386	23,305	\$ 334,629.32	\$ 14.36	.344	\$ 76.29	\$ 4.94	
DURABLE MED. EQUIP.	297	596	42,738.14	71.71	.009	143.90	.63	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	456	4,862	101,011.73	20.78	.072	221.52	1.49	
AMBULANCES/AIR TRANS	453	4,837	70,322.81	14.54	.071	155.24	1.04	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	25	25	30,688.92	1227.56	.000	1227.56	.45	
ACUPUNCTURE	8	12	208.13	17.34	.000	26.02	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	44	44	4,620.00	105.00	.001	105.00	.07	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	593	1,275	11,224.28	8.80	.019	18.93	.17	
PHYSICAL THERAPIST	36	230	3,349.19	14.56	.003	93.03	.05	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	69	84	6,679.31	79.52	.001	96.80	.10	
PROSTHETICS	69	84	6,679.31	79.52	.001	96.80	.10	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00	
SPEECH AND AUDIOLOGY	123	241	15,720.27	65.23	.004	127.81	.23	



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,749	14,654	147,084.42	10.04	.216	53.50	2.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	93	1,303	1,917.88	1.47	.019	20.62	.03
@CALIF. CHILDREN SERVICES*	183	3,763	\$ 431,855.98	\$ 114.76	.056	\$ 2359.87	\$ 6.37
@XOVER EXCLUDING STATE HOSP**	12	102	\$ 493.12	\$ 4.83	.002	\$ 41.09	\$ .01

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

PAGE 18,329  
 03/14/05

117,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	80,552	1,115,801	\$ 41,754,145.45	\$ 37.42	9.515	\$ 518.35	\$ 356.06
@PHYSICIANS SERVICES	18,067	63,082	\$ 2,069,928.02	\$ 32.81	.538	\$ 114.57	\$ 17.65
OUTPATIENT VISITS	6,968	9,358	342,694.14	36.62	.080	49.18	2.92
OFFICE VISITS	6,005	8,051	272,527.34	33.85	.069	45.38	2.32
HOME VISITS	42	47	2,356.00	50.13	.000	56.10	.02
EMERGENCY ROOM	460	507	30,254.61	59.67	.004	65.77	.26
PREVENTIVE CARE	7	7	271.07	38.72	.000	38.72	.00
OB VISITS/COMPRE PERI	191	263	23,157.68	88.05	.002	121.24	.20
OTHER OUTPATIENT	410	483	14,127.44	29.25	.004	34.46	.12
INPATIENT VISITS	895	3,318	193,323.14	58.26	.028	216.00	1.65
HOSPITAL VISITS	809	2,694	122,292.38	45.39	.023	151.16	1.04
CRITICAL CARE	101	499	66,909.62	134.09	.004	662.47	.57
SNF/ICF/TRANS IP CARE	64	125	4,121.14	32.97	.001	64.39	.04
OPHTHALMOLOGICAL SERVICES	552	693	27,123.62	39.14	.006	49.14	.23
EXAMINATIONS	546	684	26,908.33	39.34	.006	49.28	.23
SERVICES AND MATERIALS	9	9	215.29	23.92	.000	23.92	.00
INPATIENT HOSPITAL SURGERY	734	3,459	404,495.00	116.94	.029	551.08	3.45
PRINCIPAL SURGEON	516	744	318,851.11	428.56	.006	617.93	2.72
ASSISTANT SURGEON	102	102	20,309.93	199.12	.001	199.12	.17
ANESTHESIOLOGIST	291	2,613	65,333.96	25.00	.022	224.52	.56
OUTPATIENT SURGERY	1,026	2,666	230,986.05	86.64	.023	225.13	1.97
PRINCIPAL SURGEON	851	1,158	194,591.52	168.04	.010	228.66	1.66
ASSISTANT SURGEON	11	11	1,429.99	130.00	.000	130.00	.01
ANESTHESIOLOGIST	240	1,497	34,964.54	23.36	.013	145.69	.30
DIALYSIS	92	267	23,316.71	87.33	.002	253.44	.20
PATHOLOGY	596	1,195	19,619.33	16.42	.010	32.92	.17
RADIOLOGY	5,923	10,445	374,966.98	35.90	.089	63.31	3.20
PSYCHIATRY	7	7	312.49	44.64	.000	44.64	.00
IMMUNIZATION AND INJECTION	346	1,461	19,411.11	13.29	.012	56.10	.17
OTHER SERVICES/ALL X-OVERS	6,983	30,213	433,679.45	14.35	.258	62.11	3.70
@PHARMACY	50,457	477,223	\$ 18,539,870.92	\$ 38.85	4.070	\$ 367.44	\$ 158.10
PRESCRIPTION DRUGS	49,807	190,489	17,528,534.35	92.02	1.624	351.93	149.47
SNF/ICF	415	3,911	274,380.23	70.16	.033	661.16	2.34
OUTPATIENTS	49,449	186,578	17,254,154.12	92.48	1.591	348.93	147.13
MEDICAL SUPPLIES	4,194	286,734	1,011,336.57	3.53	2.445	241.14	8.62
@DENTIST	5,219	25,865	\$ 934,734.30	\$ 36.14	.221	\$ 179.10	\$ 7.97
VISITS - DIAGNOSTIC	3,513	16,209	221,498.30	13.67	.138	63.05	1.89
ORAL SURGERY	827	2,083	120,155.00	57.68	.018	145.29	1.02

DRUGS	102	117	2,655.00	22.69	.001	26.03	.02
ANESTHESIA	46	46	4,580.00	99.57	.000	99.57	.04
PERIODONTICS	172	187	20,247.00	108.27	.002	117.72	.17
ENDODONTICS	384	740	109,690.25	148.23	.006	285.65	.94
RESTORATIVE DENTISTRY	1,672	4,867	282,546.00	58.05	.042	168.99	2.41
PROSTHETICS	23	26	1,200.00	46.15	.000	52.17	.01
DENTURES, STAYPLATES	347	979	140,074.00	143.08	.008	403.67	1.19
SPACE MAINTAINERS	22	27	2,982.00	110.44	.000	135.55	.03
MAXILLOFACIAL SERVICES	12	12	538.00	44.83	.000	44.83	.00
FRACTURES, DISLOCATIONS	1	1	500.00	500.00	.000	500.00	.00
ORTHODONTIC SERVICES	257	324	25,468.75	78.61	.003	99.10	.22
ALL OTHER SERVICES	213	247	2,600.00	10.53	.002	12.21	.02

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,330  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	117,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,979		5,748	\$ 120,084.41	\$ 20.89	.049	\$ 60.68	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	1,114		1,317	49,157.52	37.33	.011	44.13	.42
EYE APPLIANCES	1,542		4,319	67,874.80	15.72	.037	44.02	.58
OTHER OPTOMETRIC SERVICES	75		112	3,052.09	27.25	.001	40.69	.03
@CHIROPRACTOR	574		1,698	\$ 26,424.22	\$ 15.56	.014	\$ 46.04	\$ .23
VISITS	552		1,653	25,836.58	15.63	.014	46.81	.22
OTHER SERVICES	22		45	587.64	13.06	.000	26.71	.01
@PODIATRIST	311		376	\$ 4,097.68	\$ 10.90	.003	\$ 13.18	\$ .03
MEDICINE/INJECTIONS	58		68	1,736.40	25.54	.001	29.94	.01
SURGERY/ANES.	2		2	265.45	132.73	.000	132.73	.00
RADIO./PATHOLOGY	5		5	77.85	15.57	.000	15.57	.00
OTHER	250		301	2,017.98	6.70	.003	8.07	.02
@HOME HEALTH AGENCY	552		6,444	\$ 263,388.71	\$ 40.87	.055	\$ 477.15	\$ 2.25
NURSE ANESTHESIST	43		408	\$ 4,241.84	\$ 10.40	.003	\$ 98.65	\$ .04

NURSE MIDWIFE	72	126	\$	59,247.99	\$	470.22	.001	\$	822.89	\$	.51
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$	57.20	\$	.00
FAMILY NURSE PRACTITIONER	2,435	5,727	\$	90,274.08	\$	15.76	.049	\$	37.07	\$	.77
@TOTAL HOSPITAL	11,283	57,272	\$	11,627,085.39	\$	203.02	.488	\$	1030.50	\$	99.15
HOSP INPATIENT TOTAL	1,412	5,270		9,923,173.80		1882.96	.045		7027.74		84.62
HSC HOSPITALS	161	955		1,326,212.30		1388.70	.008		8237.34		11.31
NON-HSC HOSPITAL TOTAL	909	4,315		8,291,717.63		1921.60	.037		9121.80		70.71
ACCOMMODATIONS	908	4,315		2,146,628.93		497.48	.037		2364.13		18.31
ADMINISTRATIVE DAYS	5	25		5,494.21		219.77	.000		1098.84		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	903	4,290		2,141,134.72		499.10	.037		2371.13		18.26
ANCILLARIES	909	0		6,145,088.70		.00	.000		6760.27		52.40
INPATIENT CROSSOVERS	359	0		305,243.87		.00	.000		850.26		2.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10,438	52,002		1,703,911.59		32.77	.443		163.24		14.53
MEDICAL	3,421	5,731		294,270.07		51.35	.049		86.02		2.51
SURGERY	866	1,075		58,159.61		54.10	.009		67.16		.50
PATHOLOGY	3,773	17,556		219,412.47		12.50	.150		58.15		1.87
RADIOLOGY	4,266	6,196		441,187.41		71.21	.053		103.42		3.76
ROOM USE	4,767	6,611		266,378.45		40.29	.056		55.88		2.27
CROSSOVERS/ALL OTH OUTPTNT	4,075	14,833		424,503.58		28.62	.126		104.17		3.62
@COUNTY HOSPITAL TOTAL	21	110	\$	3,778.41	\$	34.35	.001	\$	179.92	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	21	110		3,778.41		34.35	.001		179.92		.03
MEDICAL	9	12		543.69		45.31	.000		60.41		.00
SURGERY	6	6		210.81		35.14	.000		35.14		.00
PATHOLOGY	5	36		859.03		23.86	.000		171.81		.01
RADIOLOGY	2	2		76.77		38.39	.000		38.39		.00
ROOM USE	13	21		1,161.29		55.30	.000		89.33		.01
CROSSOVERS/ALL OTH OUTPTNT	12	33		926.82		28.09	.000		77.24		.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,331  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

						----- MONTHLY AVERAGE -----		
117,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11,265	57,162	\$ 11,623,306.98	\$ 203.34	.487	\$ 1031.81	\$ 99.12	
COMM HOSP INPATIENT TOTAL	1,412	5,270	9,923,173.80	1882.96	.045	7027.74	84.62	
HSC HOSPITALS	161	955	1,326,212.30	1388.70	.008	8237.34	11.31	
NON-HSC HOSPITALS TOTAL	909	4,315	8,291,717.63	1921.60	.037	9121.80	70.71	
ACCOMMODATIONS	908	4,315	2,146,628.93	497.48	.037	2364.13	18.31	
ADMINISTRATIVE DAYS	5	25	5,494.21	219.77	.000	1098.84	.05	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	903	4,290	2,141,134.72	499.10	.037	2371.13	18.26	
ANCILLARIES	909	0	6,145,088.70	.00	.000	6760.27	52.40	
INPATIENT CROSSOVERS	359	0	305,243.87	.00	.000	850.26	2.60	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	10,420	51,892		1,700,133.18	32.76	.443	163.16	14.50	
MEDICAL	3,413	5,719		293,726.38	51.36	.049	86.06	2.50	
SURGERY	860	1,069		57,948.80	54.21	.009	67.38	.49	
PATHOLOGY	3,768	17,520		218,553.44	12.47	.149	58.00	1.86	
RADIOLOGY	4,264	6,194		441,110.64	71.22	.053	103.45	3.76	
ROOM USE	4,755	6,590		265,217.16	40.25	.056	55.78	2.26	
CROSSOVERS/ALL OTH OUTPTNT	4,065	14,800		423,576.76	28.62	.126	104.20	3.61	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	424	8,707	\$	1,463,964.89	\$ 168.14	.074	\$ 3452.75	\$ 12.48	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	5	131		16,416.92	125.32	.001	3283.38	.14	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	12	365		211,715.45	580.04	.003	17642.95	1.81	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	407	8,211		1,235,832.52	150.51	.070	3036.44	10.54	
@INTERMEDIATE CARE FACIL.-DD	13	396	\$	82,196.73	\$ 207.57	.003	\$ 6322.83	\$ .70	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	13	396		82,196.73	207.57	.003	6322.83	.70	
@HEMODIALYSIS TOTAL	372	14,058	\$	535,633.59	\$ 38.10	.120	\$ 1439.88	\$ 4.57	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	372	14,058		535,633.59	38.10	.120	1439.88	4.57	
@REHABILITATION FACILITY	21	35	\$	1,733.47	\$ 49.53	.000	\$ 82.55	\$ .01	
HOSPITAL BASED	19	32		1,642.60	51.33	.000	86.45	.01	
INDEPENDENT FACILITY	2	3		90.87	30.29	.000	45.44	.00	
@LABORATORY FACILITY	5,468	21,639	\$	264,408.81	\$ 12.22	.185	\$ 48.36	\$ 2.25	
PATHOLOGY	5,438	21,582		263,984.63	12.23	.184	48.54	2.25	
XO AND OTHERS	31	57		424.18	7.44	.000	13.68	.00	
@ORGANIZED OUTPATIENT CLINIC	26,618	50,492	\$	3,672,618.62	\$ 72.74	.431	\$ 137.98	\$ 31.32	
CLINIC	922	5,198		111,299.80	21.41	.044	120.72	.95	
SURGICENTER	203	753		36,510.75	48.49	.006	179.86	.31	
HEROIN DETOX CLINIC	8	83		981.95	11.83	.001	122.74	.01	
RURAL HEALTH CLINIC	25,668	44,458		3,523,826.12	79.26	.379	137.28	30.05	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,332
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL								

					----- MONTHLY AVERAGE -----			
117,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	12,743	376,504	\$ 1,994,154.58	\$ 5.30	3.211	\$ 156.49	\$ 17.01	
DURABLE MED. EQUIP.	1,204	3,393	352,007.91	103.75	.029	292.37	3.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	138	178	17,907.78	100.61	.002	129.77	.15	
MEDICAL TRANSPORTATION	1,675	49,048	389,050.63	7.93	.418	232.27	3.32	
AMBULANCES/AIR TRANS	1,324	12,355	199,004.11	16.11	.105	150.31	1.70	
OTHER TRANS	282	36,150	148,120.71	4.10	.308	525.25	1.26	
OTHER SERVICES	142	543	41,925.81	77.21	.005	295.25	.36	
ACUPUNCTURE	43	96	1,458.02	15.19	.001	33.91	.01	
ADULT DAY HEALTH CARE CTR	30	362	25,201.88	69.62	.003	840.06	.21	
GENETIC DISEASE TESTING	48	48	5,040.00	105.00	.000	105.00	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	557	11,992	496,328.15	41.39	.102	891.07	4.23	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,675	3,796	38,501.92	10.14	.032	22.99	.33	
PHYSICAL THERAPIST	84	471	6,833.57	14.51	.004	81.35	.06	

PORTABLE X-RAY	22	35	352.65	10.08	.000	16.03	.00
PROSTHETIST/ORTHOTISTS	243	499	42,236.25	84.64	.004	173.81	.36
PROSTHETICS	242	496	42,210.00	85.10	.004	174.42	.36
ORTHOTICS	1	3	26.25	8.75	.000	26.25	.00
PSYCHOLOGIST	3	9	227.90	25.32	.000	75.97	.00
SPEECH AND AUDIOLOGY	406	1,230	56,872.36	46.24	.010	140.08	.48
HOSPICE SERVICES	47	1,045	119,425.65	114.28	.009	2540.97	1.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,675	42,700	252,350.23	5.91	.364	68.67	2.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,736	261,602	190,359.68	.73	2.231	50.95	1.62
@CALIF. CHILDREN SERVICES*	617	13,285	\$ 1,881,878.66	\$ 141.65	.113	\$ 3050.05	\$ 16.05
@XOVER EXCLUDING STATE HOSP**	7,715	60,489	\$ 1,140,149.95	\$ 18.85	.516	\$ 147.78	\$ 9.72

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,333
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

3,079 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,815	23,141	\$ 1,190,758.66	\$ 51.46	7.516	\$ 423.00	\$ 386.74
@PHYSICIANS SERVICES	551	1,937	\$ 37,657.74	\$ 19.44	.629	\$ 68.34	\$ 12.23
OUTPATIENT VISITS	46	58	2,190.04	37.76	.019	47.61	.71
OFFICE VISITS	41	52	1,982.65	38.13	.017	48.36	.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	139.04	27.81	.002	27.81	.05
INPATIENT VISITS	4	25	1,028.26	41.13	.008	257.07	.33
HOSPITAL VISITS	4	25	1,028.26	41.13	.008	257.07	.33
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	21	29	1,067.80	36.82	.009	50.85	.35
EXAMINATIONS	21	29	1,067.80	36.82	.009	50.85	.35
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	26	3,396.75	130.64	.008	679.35	1.10
PRINCIPAL SURGEON	3	3	2,910.05	970.02	.001	970.02	.95
ASSISTANT SURGEON	1	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	486.70	21.16	.007	243.35	.16
OUTPATIENT SURGERY	7	10	3,655.04	365.50	.003	522.15	1.19
PRINCIPAL SURGEON	7	10	3,655.04	365.50	.003	522.15	1.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	58	112	4,086.59	36.49	.036	70.46	1.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	2.26	2.26	.000	2.26	.00
OTHER SERVICES/ALL X-OVERS	460	1,676	22,231.00	13.26	.544	48.33	7.22
@PHARMACY	2,156	12,970	\$ 661,047.32	\$ 50.97	4.212	\$ 306.61	\$ 214.70
PRESCRIPTION DRUGS	2,108	7,941	647,654.08	81.56	2.579	307.24	210.35

SNF/ICF	59	436	20,837.48	47.79	.142	353.18	6.77
OUTPATIENTS	2,057	7,505	626,816.60	83.52	2.437	304.72	203.58
MEDICAL SUPPLIES	174	5,029	13,393.24	2.66	1.633	76.97	4.35
@DENTIST	108	459	\$ 26,835.00	\$ 58.46	.149	\$ 248.47	\$ 8.72
VISITS - DIAGNOSTIC	65	233	3,132.00	13.44	.076	48.18	1.02
ORAL SURGERY	17	74	5,010.00	67.70	.024	294.71	1.63
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	5	409.00	81.80	.002	102.25	.13
ENDODONTICS	3	3	660.00	220.00	.001	220.00	.21
RESTORATIVE DENTISTRY	21	69	5,690.00	82.46	.022	270.95	1.85
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	29	72	11,934.00	165.75	.023	411.52	3.88
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,334  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

3,079 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	73	196	\$ 3,811.28	\$ 19.45	.064	\$ 52.21	\$ 1.24
DIAGNOSTIC AND ANC. PROCED	21	23	752.26	32.71	.007	35.82	.24
EYE APPLIANCES	52	157	2,659.97	16.94	.051	51.15	.86
OTHER OPTOMETRIC SERVICES	12	16	399.05	24.94	.005	33.25	.13
@CHIROPRACTOR	4	9	\$ 71.19	\$ 7.91	.003	\$ 17.80	\$ .02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	9	71.19	7.91	.003	17.80	.02
@PODIATRIST	19	27	\$ 225.91	\$ 8.37	.009	\$ 11.89	\$ .07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	27	225.91	8.37	.009	11.89	.07
@HOME HEALTH AGENCY	3	21	\$ 1,372.93	\$ 65.38	.007	\$ 457.64	\$ .45
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	4	\$ 54.86	\$ 13.72	.001	\$ 27.43	\$ .02
@TOTAL HOSPITAL	215	780	\$ 93,555.41	\$ 119.94	.253	\$ 435.14	\$ 30.38
HOSP INPATIENT TOTAL	50	24	69,357.22	2889.88	.008	1387.14	22.53
HSC HOSPITALS	2	8	9,594.15	1199.27	.003	4797.08	3.12
NON-HSC HOSPITAL TOTAL	4	16	24,833.46	1552.09	.005	6208.37	8.07
ACCOMMODATIONS	4	16	7,475.35	467.21	.005	1868.84	2.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	7,475.35	467.21	.005	1868.84	2.43
ANCILLARIES	4	0	17,358.11	.00	.000	4339.53	5.64
INPATIENT CROSSOVERS	44	0	34,929.61	.00	.000	793.85	11.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	756	24,198.19	32.01	.246	144.04	7.86
MEDICAL	16	21	1,140.79	54.32	.007	71.30	.37
SURGERY	4	5	262.10	52.42	.002	65.53	.09
PATHOLOGY	23	118	1,137.07	9.64	.038	49.44	.37

RADIOLOGY	25	39	4,250.47	108.99	.013	170.02	1.38
ROOM USE	22	24	1,038.47	43.27	.008	47.20	.34
CROSSOVERS/ALL OTH OUTPTNT	126	549	16,369.29	29.82	.178	129.92	5.32
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,335
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,079 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	215	780	\$ 93,555.41	\$ 119.94	.253	\$ 435.14	\$ 30.38
COMM HOSP INPATIENT TOTAL	50	24	69,357.22	2889.88	.008	1387.14	22.53
HSC HOSPITALS	2	8	9,594.15	1199.27	.003	4797.08	3.12
NON-HSC HOSPITALS TOTAL	4	16	24,833.46	1552.09	.005	6208.37	8.07
ACCOMMODATIONS	4	16	7,475.35	467.21	.005	1868.84	2.43

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16		7,475.35	467.21	.005	1868.84	2.43
ANCILLARIES	4	0		17,358.11	.00	.000	4339.53	5.64
INPATIENT CROSSOVERS	44	0		34,929.61	.00	.000	793.85	11.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168	756		24,198.19	32.01	.246	144.04	7.86
MEDICAL	16	21		1,140.79	54.32	.007	71.30	.37
SURGERY	4	5		262.10	52.42	.002	65.53	.09
PATHOLOGY	23	118		1,137.07	9.64	.038	49.44	.37
RADIOLOGY	25	39		4,250.47	108.99	.013	170.02	1.38
ROOM USE	22	24		1,038.47	43.27	.008	47.20	.34
CROSSOVERS/ALL OTH OUTPTNT	126	549		16,369.29	29.82	.178	129.92	5.32
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	72	2,147	\$	283,831.32	\$ 132.20	.697	\$ 3942.10	\$ 92.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	72	2,147		283,831.32	132.20	.697	3942.10	92.18
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	4	\$	9,473.30	\$ 2368.33	.001	\$ 728.72	\$ 3.08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	4		9,473.30	2368.33	.001	728.72	3.08
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	42	158	\$	1,693.31	\$ 10.72	.051	\$ 40.32	\$ .55
PATHOLOGY	34	145		1,527.46	10.53	.047	44.93	.50
XO AND OTHERS	8	13		165.85	12.76	.004	20.73	.05
@ORGANIZED OUTPATIENT CLINIC	546	988	\$	40,135.55	\$ 40.62	.321	\$ 73.51	\$ 13.04
CLINIC	1	2		88.46	44.23	.001	88.46	.03
SURGICENTER	15	48		4,537.77	94.54	.016	302.52	1.47
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	533	938		35,509.32	37.86	.305	66.62	11.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MPO024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X							

----- MONTHLY AVERAGE -----								
3,079 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	377	3,441	\$ 30,993.54	\$ 9.01	1.118	\$ 82.21	\$ 10.07	
DURABLE MED. EQUIP.	20	26	1,481.30	56.97	.008	74.07	.48	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	21	22	1,863.98	84.73	.007	88.76	.61	
MEDICAL TRANSPORTATION	27	2,108	11,899.01	5.64	.685	440.70	3.86	
AMBULANCES/AIR TRANS	4	13	303.09	23.31	.004	75.77	.10	
OTHER TRANS	18	2,064	11,514.34	5.58	.670	639.69	3.74	
OTHER SERVICES	7	31	81.58	2.63	.010	11.65	.03	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	14	1,377.75	98.41	.005	275.55	.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	70	154	1,890.34	12.27	.050	27.00	.61
PHYSICAL THERAPIST	1	26	388.48	14.94	.008	388.48	.13
PORTABLE X-RAY	5	8	6.00	.75	.003	1.20	.00
PROSTHETIST/ORTHOTISTS	7	16	277.57	17.35	.005	39.65	.09
PROSTHETICS	7	16	277.57	17.35	.005	39.65	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	20.31	20.31	.000	20.31	.01
SPEECH AND AUDIOLOGY	15	39	2,315.94	59.38	.013	154.40	.75
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	221	1,027	9,472.86	9.22	.334	42.86	3.08
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	773	6,028	\$ 107,634.25	\$ 17.86	1.958	\$ 139.24	\$ 34.96

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,337
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13	105	\$ 4,769.08	\$ 45.42	8.077	\$ 366.85	\$ 366.85
@PHYSICIANS SERVICES	1	1	\$ 24.00	\$ 24.00	.077	\$ 24.00	\$ 1.85
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		24.00		24.00	.077	24.00	1.85
@PHARMACY	12	75	\$	4,466.28	\$	59.55	5.769	\$ 372.19	\$ 343.56
PRESCRIPTION DRUGS	12	63		4,379.48		69.52	4.846	364.96	336.88
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	12	63		4,379.48		69.52	4.846	364.96	336.88
MEDICAL SUPPLIES	4	12		86.80		7.23	.923	21.70	6.68
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
	AID CODE 24								

PAGE 18,338  
03/14/05

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,339  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						
				AID CODE 24	----- MONTHLY AVERAGE -----		

PAGE 18,340  
03/14/05

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	29	\$ 278.80	\$ 9.61	2.231	\$ 21.45	\$ 21.45
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	8.79	8.79	.077	8.79	.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	28	270.01	9.64	2.154	22.50	20.77
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	12	41	380.81	9.29	3.154	31.73	29.29

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,341

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

YUBA COUNTY      SUMMARY OF SERVICES FOR    MN - NO SOC - DISABLED    64 6G 6H 6U 6V 6X 8G

	2,366 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,399	48,034	\$	1,549,725.76	\$ 32.26	20.302	\$ 645.99	\$ 655.00
@PHYSICIANS SERVICES	535	1,977	\$	68,198.24	\$ 34.50	.836	\$ 127.47	\$ 28.82
OUTPATIENT VISITS	146	222		6,586.02	29.67	.094	45.11	2.78
OFFICE VISITS	122	182		5,605.38	30.80	.077	45.95	2.37
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		201.44	50.36	.002	50.36	.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	23	36		779.20	21.64	.015	33.88	.33
INPATIENT VISITS	27	156		7,211.70	46.23	.066	267.10	3.05
HOSPITAL VISITS	24	124		5,001.20	40.33	.052	208.38	2.11
CRITICAL CARE	7	30		2,110.90	70.36	.013	301.56	.89
SNF/ICF/TRANS IP CARE	1	2		99.60	49.80	.001	99.60	.04
OPHTHALMOLOGICAL SERVICES	11	11		374.69	34.06	.005	34.06	.16
EXAMINATIONS	11	11		374.69	34.06	.005	34.06	.16
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	121		9,678.31	79.99	.051	460.87	4.09
PRINCIPAL SURGEON	15	33		7,423.60	224.96	.014	494.91	3.14
ASSISTANT SURGEON	4	4		574.08	143.52	.002	143.52	.24
ANESTHESIOLOGIST	9	84		1,680.63	20.01	.036	186.74	.71

OUTPATIENT SURGERY	40	90	9,166.39	101.85	.038	229.16	3.87
PRINCIPAL SURGEON	37	45	8,100.93	180.02	.019	218.94	3.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	45	1,065.46	23.68	.019	152.21	.45
DIALYSIS	15	42	3,680.04	87.62	.018	245.34	1.56
PATHOLOGY	28	45	1,159.23	25.76	.019	41.40	.49
RADIOLOGY	111	222	12,219.62	55.04	.094	110.09	5.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	29	344.45	11.88	.012	38.27	.15
OTHER SERVICES/ALL X-OVERS	329	1,039	17,777.79	17.11	.439	54.04	7.51
@PHARMACY	1,840	11,247	\$ 918,665.39	\$ 81.68	4.754	\$ 499.27	\$ 388.28
PRESCRIPTION DRUGS	1,789	7,698	898,936.76	116.78	3.254	502.48	379.94
SNF/ICF	16	122	6,623.20	54.29	.052	413.95	2.80
OUTPATIENTS	1,773	7,576	892,313.56	117.78	3.202	503.28	377.14
MEDICAL SUPPLIES	235	3,549	19,728.63	5.56	1.500	83.95	8.34
@DENTIST	111	501	\$ 19,993.80	\$ 39.91	.212	\$ 180.12	\$ 8.45
VISITS - DIAGNOSTIC	61	292	2,920.75	10.00	.123	47.88	1.23
ORAL SURGERY	19	76	3,304.00	43.47	.032	173.89	1.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	6	708.00	118.00	.003	118.00	.30
ENDODONTICS	3	4	995.00	248.75	.002	331.67	.42
RESTORATIVE DENTISTRY	26	65	3,356.05	51.63	.027	129.08	1.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	22	51	8,710.00	170.78	.022	395.91	3.68
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	7	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,342
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

2,366 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	66	193	\$ 3,862.77	\$ 20.01	.082	\$ 58.53	\$ 1.63	
DIAGNOSTIC AND ANC. PROCED	19	23	805.53	35.02	.010	42.40	.34	
EYE APPLIANCES	53	158	2,611.08	16.53	.067	49.27	1.10	
OTHER OPTOMETRIC SERVICES	10	12	446.16	37.18	.005	44.62	.19	
@CHIROPRACTOR	5	5	\$ 79.81	\$ 15.96	.002	\$ 15.96	\$ .03	
VISITS	1	1	16.72	16.72	.000	16.72	.01	
OTHER SERVICES	4	4	63.09	15.77	.002	15.77	.03	
@PODIATRIST	26	30	\$ 209.32	\$ 6.98	.013	\$ 8.05	\$ .09	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	26	30	209.32	6.98	.013	8.05	.09	
@HOME HEALTH AGENCY	13	66	\$ 4,721.37	\$ 71.54	.028	\$ 363.18	\$ 2.00	
NURSE ANESTHESIST	2	6	\$ 153.62	\$ 25.60	.003	\$ 76.81	\$ .06	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$ .01	
@TOTAL HOSPITAL	267	1,603	\$ 305,638.59	\$ 190.67	.678	\$ 1144.71	\$ 129.18	
HOSP INPATIENT TOTAL	45	144	254,208.06	1765.33	.061	5649.07	107.44	
HSC HOSPITALS	6	56	67,263.00	1201.13	.024	11210.50	28.43	

NON-HSC HOSPITAL TOTAL	18	88	169,676.93	1928.15	.037	9426.50	71.71
ACCOMMODATIONS	18	88	52,620.80	597.96	.037	2923.38	22.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	88	52,620.80	597.96	.037	2923.38	22.24
ANCILLARIES	18	0	117,056.13	.00	.000	6503.12	49.47
INPATIENT CROSSOVERS	21	0	17,268.13	.00	.000	822.29	7.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	237	1,459	51,430.53	35.25	.617	217.01	21.74
MEDICAL	59	267	13,073.25	48.96	.113	221.58	5.53
SURGERY	20	26	1,213.42	46.67	.011	60.67	.51
PATHOLOGY	89	501	6,369.94	12.71	.212	71.57	2.69
RADIOLOGY	57	121	9,414.73	77.81	.051	165.17	3.98
ROOM USE	65	128	5,430.67	42.43	.054	83.55	2.30
CROSSOVERS/ALL OTH OUTPTNT	118	416	15,928.52	38.29	.176	134.99	6.73
@COUNTY HOSPITAL TOTAL	1	1	\$ 1.71	\$ 1.71	.000	\$ 1.71	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	1.71	1.71	.000	1.71	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	1.71	1.71	.000	1.71	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,343  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    MN - NO SOC - DISABLED    64 6G 6H 6U 6V 6X 8G

2,366 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	266	1,602	\$ 305,636.88	\$ 190.78	.677	\$ 1149.01	\$ 129.18
COMM HOSP INPATIENT TOTAL	45	144	254,208.06	1765.33	.061	5649.07	107.44
HSC HOSPITALS	6	56	67,263.00	1201.13	.024	11210.50	28.43
NON-HSC HOSPITALS TOTAL	18	88	169,676.93	1928.15	.037	9426.50	71.71
ACCOMMODATIONS	18	88	52,620.80	597.96	.037	2923.38	22.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	88	52,620.80	597.96	.037	2923.38	22.24
ANCILLARIES	18	0	117,056.13	.00	.000	6503.12	49.47
INPATIENT CROSSOVERS	21	0	17,268.13	.00	.000	822.29	7.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	236	1,458	51,428.82	35.27	.616	217.92	21.74
MEDICAL	59	267	13,073.25	48.96	.113	221.58	5.53
SURGERY	20	26	1,213.42	46.67	.011	60.67	.51
PATHOLOGY	89	501	6,369.94	12.71	.212	71.57	2.69
RADIOLOGY	57	121	9,414.73	77.81	.051	165.17	3.98
ROOM USE	65	128	5,430.67	42.43	.054	83.55	2.30

CROSSOVERS/ALL OTH OUTPTNT	117	415		15,926.81	38.38	.175	136.13	6.73
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	20	407	\$	54,176.95	133.11	.172	2708.85	22.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	20	407		54,176.95	133.11	.172	2708.85	22.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	24	3,125	\$	60,806.69	19.46	1.321	2533.61	25.70
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	24	3,125		60,806.69	19.46	1.321	2533.61	25.70
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	96	473	\$	5,925.97	12.53	.200	61.73	2.50
PATHOLOGY	96	473		5,925.97	12.53	.200	61.73	2.50
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	544	1,048	\$	62,100.90	59.26	.443	114.16	26.25
CLINIC	7	8		224.48	28.06	.003	32.07	.09
SURGICENTER	9	30		1,818.17	60.61	.013	202.02	.77
HEROIN DETOX CLINIC	1	8		111.49	13.94	.003	111.49	.05
RURAL HEALTH CLINIC	533	1,002		59,946.76	59.83	.423	112.47	25.34

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,344  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED      64 6G 6H 6U 6V 6X 8G

	2,366 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	280		27,352	\$ 45,168.34	\$ 1.65	11.560	\$ 161.32	\$ 19.09
DURABLE MED. EQUIP.	12		25	2,239.77	89.59	.011	186.65	.95
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5		6	284.52	47.42	.003	56.90	.12
MEDICAL TRANSPORTATION	33		628	5,553.65	8.84	.265	168.29	2.35
AMBULANCES/AIR TRANS	24		101	3,013.29	29.83	.043	125.55	1.27
OTHER TRANS	4		496	2,467.88	4.98	.210	616.97	1.04
OTHER SERVICES	6		31	72.48	2.34	.013	12.08	.03
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8		105	5,455.44	51.96	.044	681.93	2.31
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	55		127	1,381.62	10.88	.054	25.12	.58
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1		1	.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	11		25	3,596.31	143.85	.011	326.94	1.52
PROSTHETICS	11		25	3,596.31	143.85	.011	326.94	1.52
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6		12	410.45	34.20	.005	68.41	.17



HOSPICE SERVICES	4	83	8,833.31	106.43	.035	2208.33	3.73
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	2,718	5,913.38	2.18	1.149	492.78	2.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	155	23,622	11,499.39	.49	9.984	74.19	4.86
@CALIF. CHILDREN SERVICES*	8	13	\$ 1,158.12	\$ 89.09	.005	\$ 144.77	\$ .49
@XOVER EXCLUDING STATE HOSP**	521	3,045	\$ 63,365.41	\$ 20.81	1.287	\$ 121.62	\$ 26.78

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,345
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

67,052 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34,750	166,703	\$ 10,735,546.66	\$ 64.40	2.486	\$ 308.94	\$ 160.11
@PHYSICIANS SERVICES	7,781	23,025	\$ 984,895.87	\$ 42.78	.343	\$ 126.58	\$ 14.69
OUTPATIENT VISITS	3,757	5,007	198,652.71	39.67	.075	52.88	2.96
OFFICE VISITS	3,136	4,092	139,492.14	34.09	.061	44.48	2.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	230	254	14,050.90	55.32	.004	61.09	.21
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	337	537	41,671.96	77.60	.008	123.66	.62
OTHER OUTPATIENT	114	123	3,400.32	27.64	.002	29.83	.05
INPATIENT VISITS	404	1,198	83,014.67	69.29	.018	205.48	1.24
HOSPITAL VISITS	377	874	38,278.37	43.80	.013	101.53	.57
CRITICAL CARE	60	324	44,736.30	138.08	.005	745.61	.67
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	185	242	10,031.53	41.45	.004	54.22	.15

EXAMINATIONS	183	240		9,986.53	41.61	.004	54.57	.15
SERVICES AND MATERIALS	2	2		45.00	22.50	.000	22.50	.00
INPATIENT HOSPITAL SURGERY	514	2,354		295,427.17	125.50	.035	574.76	4.41
PRINCIPAL SURGEON	327	401		240,962.03	600.90	.006	736.89	3.59
ASSISTANT SURGEON	72	71		12,767.57	179.82	.001	177.33	.19
ANESTHESIOLOGIST	210	1,882		41,697.57	22.16	.028	198.56	.62
OUTPATIENT SURGERY	558	1,327		110,798.69	83.50	.020	198.56	1.65
PRINCIPAL SURGEON	477	646		93,421.13	144.61	.010	195.85	1.39
ASSISTANT SURGEON	8	8		1,000.19	125.02	.000	125.02	.01
ANESTHESIOLOGIST	125	673		16,377.37	24.33	.010	131.02	.24
DIALYSIS	3	21		869.50	41.40	.000	289.83	.01
PATHOLOGY	247	383		5,668.11	14.80	.006	22.95	.08
RADIOLOGY	3,066	4,826		171,716.76	35.58	.072	56.01	2.56
PSYCHIATRY	3	3		98.94	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	176	527		8,324.83	15.80	.008	47.30	.12
OTHER SERVICES/ALL X-OVERS	1,451	7,137		100,292.96	14.05	.106	69.12	1.50
@PHARMACY	16,031	40,822	\$	2,400,196.44	58.80	.609	149.72	35.80
PRESCRIPTION DRUGS	15,924	38,949		2,375,696.76	61.00	.581	149.19	35.43
SNF/ICF	1	1		29.33	29.33	.000	29.33	.00
OUTPATIENTS	15,923	38,948		2,375,667.43	61.00	.581	149.20	35.43
MEDICAL SUPPLIES	402	1,873		24,499.68	13.08	.028	60.94	.37
@DENTIST	2,867	14,495	\$	505,738.76	34.89	.216	176.40	7.54
VISITS - DIAGNOSTIC	1,950	9,083		130,582.51	14.38	.135	66.97	1.95
ORAL SURGERY	471	1,098		66,604.75	60.66	.016	141.41	.99
DRUGS	73	75		1,805.00	24.07	.001	24.73	.03
ANESTHESIA	41	52		4,106.00	78.96	.001	100.15	.06
PERIODONTICS	92	98		10,145.50	103.53	.001	110.28	.15
ENDODONTICS	221	511		67,583.50	132.26	.008	305.81	1.01
RESTORATIVE DENTISTRY	977	2,917		171,783.25	58.89	.044	175.83	2.56
PROSTHETICS	16	16		300.00	18.75	.000	18.75	.00
DENTURES, STAYPLATES	68	213		30,036.00	141.01	.003	441.71	.45
SPACE MAINTAINERS	19	25		3,040.00	121.60	.000	160.00	.05
MAXILLOFACIAL SERVICES	4	4		246.00	61.50	.000	61.50	.00
FRACTURES, DISLOCATIONS	1	1		800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	185	233		17,431.25	74.81	.003	94.22	.26
ALL OTHER SERVICES	117	169		1,275.00	7.54	.003	10.90	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,346
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

67,052 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	714	2,061	\$ 45,202.62	\$ 21.93	.031	\$ 63.31	\$ .67
DIAGNOSTIC AND ANC. PROCED	524	601	23,513.60	39.12	.009	44.87	.35
EYE APPLIANCES	524	1,456	21,508.82	14.77	.022	41.05	.32
OTHER OPTOMETRIC SERVICES	5	4	180.20	45.05	.000	36.04	.00
@CHIROPRACTOR	249	547	\$ 8,857.42	\$ 16.19	.008	\$ 35.57	\$ .13
VISITS	249	547	8,857.42	16.19	.008	35.57	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	10	\$ 327.00	\$ 32.70	.000	\$ 40.88	\$ .00
MEDICINE/INJECTIONS	8	9	309.70	34.41	.000	38.71	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	339	879	\$ 52,663.92	\$ 59.91	.013	\$ 155.35	\$ .79
NURSE ANESTHESIST	21	223	\$ 2,440.53	\$ 10.94	.003	\$ 116.22	\$ .04

NURSE MIDWIFE	75	104	\$	56,523.74	\$	543.50	.002	\$	753.65	\$	.84
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	487	1,035	\$	17,837.96	\$	17.23	.015	\$	36.63	\$	.27
@TOTAL HOSPITAL	5,407	26,319	\$	4,352,004.65	\$	165.36	.393	\$	804.88	\$	64.90
HOSP INPATIENT TOTAL	569	2,491		3,617,082.44		1452.06	.037		6356.91		53.94
HSC HOSPITALS	103	726		1,008,601.34		1389.26	.011		9792.25		15.04
NON-HSC HOSPITAL TOTAL	471	1,765		2,606,154.89		1476.58	.026		5533.24		38.87
ACCOMMODATIONS	471	1,765		795,234.26		450.56	.026		1688.40		11.86
ADMINISTRATIVE DAYS	1	31		6,870.84		221.64	.000		6870.84		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	470	1,734		788,363.42		454.65	.026		1677.37		11.76
ANCILLARIES	469	0		1,810,920.63		.00	.000		3861.24		27.01
INPATIENT CROSSOVERS	4	0		2,326.21		.00	.000		581.55		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,064	23,828		734,922.21		30.84	.355		145.13		10.96
MEDICAL	1,592	2,383		126,326.14		53.01	.036		79.35		1.88
SURGERY	461	562		31,692.91		56.39	.008		68.75		.47
PATHOLOGY	1,984	8,141		102,211.30		12.56	.121		51.52		1.52
RADIOLOGY	2,179	2,934		191,470.85		65.26	.044		87.87		2.86
ROOM USE	2,678	3,788		148,344.40		39.16	.056		55.39		2.21
CROSSOVERS/ALL OTH OUTPTNT	1,781	6,020		134,876.61		22.40	.090		75.73		2.01
@COUNTY HOSPITAL TOTAL	16	118	\$	13,957.56	\$	118.28	.002	\$	872.35	\$	.21
CO HOSPITAL INPATIENT TOTAL	3	9		10,650.02		1183.34	.000		3550.01		.16
HSC HOSPITALS	3	9		10,650.02		1183.34	.000		3550.01		.16
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	15	109		3,307.54		30.34	.002		220.50		.05
MEDICAL	3	4		317.37		79.34	.000		105.79		.00
SURGERY	5	8		342.73		42.84	.000		68.55		.01
PATHOLOGY	6	50		719.20		14.38	.001		119.87		.01
RADIOLOGY	3	4		345.08		86.27	.000		115.03		.01
ROOM USE	13	23		1,304.95		56.74	.000		100.38		.02
CROSSOVERS/ALL OTH OUTPTNT	7	20		278.21		13.91	.000		39.74		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,347  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	67,052 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	5,392	26,201	\$	4,338,047.09	\$	165.57	.391	\$	804.53	\$	64.70
COMM HOSP INPATIENT TOTAL	566	2,482		3,606,432.42		1453.03	.037		6371.79		53.79
HSC HOSPITALS	100	717		997,951.32		1391.84	.011		9979.51		14.88
NON-HSC HOSPITALS TOTAL	471	1,765		2,606,154.89		1476.58	.026		5533.24		38.87
ACCOMMODATIONS	471	1,765		795,234.26		450.56	.026		1688.40		11.86
ADMINISTRATIVE DAYS	1	31		6,870.84		221.64	.000		6870.84		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	470	1,734		788,363.42		454.65	.026		1677.37		11.76
ANCILLARIES	469	0		1,810,920.63		.00	.000		3861.24		27.01
INPATIENT CROSSOVERS	4	0		2,326.21		.00	.000		581.55		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	5,049	23,719		731,614.67	30.85	.354	144.90	10.91	
MEDICAL	1,589	2,379		126,008.77	52.97	.035	79.30	1.88	
SURGERY	456	554		31,350.18	56.59	.008	68.75	.47	
PATHOLOGY	1,978	8,091		101,492.10	12.54	.121	51.31	1.51	
RADIOLOGY	2,176	2,930		191,125.77	65.23	.044	87.83	2.85	
ROOM USE	2,665	3,765		147,039.45	39.05	.056	55.17	2.19	
CROSSOVERS/ALL OTH OUTPTNT	1,774	6,000		134,598.40	22.43	.089	75.87	2.01	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	10	120	\$	12,479.46	\$ 104.00	.002	\$ 1247.95	\$ .19	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	10	120		12,479.46	104.00	.002	1247.95	.19	
@REHABILITATION FACILITY	11	21	\$	956.58	\$ 45.55	.000	\$ 86.96	\$ .01	
HOSPITAL BASED	11	21		956.58	45.55	.000	86.96	.01	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	2,910	9,753	\$	134,584.64	\$ 13.80	.145	\$ 46.25	\$ 2.01	
PATHOLOGY	2,910	9,753		134,584.64	13.80	.145	46.25	2.01	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	13,467	22,892	\$	1,894,813.41	\$ 82.77	.341	\$ 140.70	\$ 28.26	
CLINIC	568	2,137		49,902.58	23.35	.032	87.86	.74	
SURGICENTER	52	256		10,606.70	41.43	.004	203.98	.16	
HEROIN DETOX CLINIC	3	40		521.79	13.04	.001	173.93	.01	
RURAL HEALTH CLINIC	12,937	20,459		1,833,782.34	89.63	.305	141.75	27.35	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,348
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

	67,052 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,271	24,397	\$	266,023.66	\$ 10.90	.364	\$ 81.33	\$ 3.97
DURABLE MED. EQUIP.	198	437		30,040.09	68.74	.007	151.72	.45
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	12		943.12	78.59	.000	117.89	.01
MEDICAL TRANSPORTATION	386	4,327		82,276.19	19.01	.065	213.15	1.23
AMBULANCES/AIR TRANS	377	3,794		57,602.00	15.18	.057	152.79	.86
OTHER TRANS	6	512		3,420.18	6.68	.008	570.03	.05
OTHER SERVICES	19	21		21,254.01	1012.10	.000	1118.63	.32
ACUPUNCTURE	11	23		364.95	15.87	.000	33.18	.01
ADULT DAY HEALTH CARE CTR	1	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102		10,710.00	105.00	.002	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	607	1,317		12,390.13	9.41	.020	20.41	.18
PHYSICAL THERAPIST	32	230		3,390.55	14.74	.003	105.95	.05

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	60	109	12,306.55	112.90	.002	205.11	.18
PROSTHETICS	60	109	12,306.55	112.90	.002	205.11	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	121	236	10,844.28	45.95	.004	89.62	.16
HOSPICE SERVICES	3	11	1,381.38	125.58	.000	460.46	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,674	9,262	94,271.68	10.18	.138	56.32	1.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	150	8,331	7,104.74	.85	.124	47.36	.11
@CALIF. CHILDREN SERVICES*	171	5,384	\$ 561,527.52	\$ 104.30	.080	\$ 3283.79	\$ 8.37
@XOVER EXCLUDING STATE HOSP**	110	426	\$ 17,330.77	\$ 40.68	.006	\$ 157.55	\$ .26

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,349
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

72,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39,977	237,983	\$ 13,480,800.16	\$ 56.65	3.282	\$ 337.21	\$ 185.92
@PHYSICIANS SERVICES	8,868	26,940	\$ 1,090,775.85	\$ 40.49	.372	\$ 123.00	\$ 15.04
OUTPATIENT VISITS	3,949	5,287	207,428.77	39.23	.073	52.53	2.86
OFFICE VISITS	3,299	4,326	147,080.17	34.00	.060	44.58	2.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	235	259	14,320.69	55.29	.004	60.94	.20
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	337	537	41,671.96	77.60	.007	123.66	.57
OTHER OUTPATIENT	142	164	4,318.56	26.33	.002	30.41	.06
INPATIENT VISITS	435	1,379	91,254.63	66.17	.019	209.78	1.26
HOSPITAL VISITS	405	1,023	44,307.83	43.31	.014	109.40	.61
CRITICAL CARE	67	354	46,847.20	132.34	.005	699.21	.65
SNF/ICF/TRANS IP CARE	1	2	99.60	49.80	.000	99.60	.00
OPHTHALMOLOGICAL SERVICES	217	282	11,474.02	40.69	.004	52.88	.16
EXAMINATIONS	215	280	11,429.02	40.82	.004	53.16	.16
SERVICES AND MATERIALS	2	2	45.00	22.50	.000	22.50	.00
INPATIENT HOSPITAL SURGERY	540	2,501	308,502.23	123.35	.034	571.30	4.25
PRINCIPAL SURGEON	345	437	251,295.68	575.05	.006	728.39	3.47
ASSISTANT SURGEON	77	75	13,341.65	177.89	.001	173.27	.18
ANESTHESIOLOGIST	221	1,989	43,864.90	22.05	.027	198.48	.60
OUTPATIENT SURGERY	605	1,427	123,620.12	86.63	.020	204.33	1.70
PRINCIPAL SURGEON	521	701	105,177.10	150.04	.010	201.88	1.45
ASSISTANT SURGEON	8	8	1,000.19	125.02	.000	125.02	.01
ANESTHESIOLOGIST	132	718	17,442.83	24.29	.010	132.14	.24
DIALYSIS	18	63	4,549.54	72.21	.001	252.75	.06
PATHOLOGY	275	428	6,827.34	15.95	.006	24.83	.09
RADIOLOGY	3,235	5,160	188,022.97	36.44	.071	58.12	2.59
PSYCHIATRY	3	3	98.94	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	186	557	8,671.54	15.57	.008	46.62	.12
OTHER SERVICES/ALL X-OVERS	2,241	9,853	140,325.75	14.24	.136	62.62	1.94
@PHARMACY	20,039	65,114	\$ 3,984,375.43	\$ 61.19	.898	\$ 198.83	\$ 54.95
PRESCRIPTION DRUGS	19,833	54,651	3,926,667.08	71.85	.754	197.99	54.15

SNF/ICF	76	559	27,490.01	49.18	.008	361.71	.38
OUTPATIENTS	19,765	54,092	3,899,177.07	72.08	.746	197.28	53.77
MEDICAL SUPPLIES	815	10,463	57,708.35	5.52	.144	70.81	.80
@DENTIST	3,086	15,455	\$ 552,567.56	\$ 35.75	.213	\$ 179.06	\$ 7.62
VISITS - DIAGNOSTIC	2,076	9,608	136,635.26	14.22	.133	65.82	1.88
ORAL SURGERY	507	1,248	74,918.75	60.03	.017	147.77	1.03
DRUGS	73	75	1,805.00	24.07	.001	24.73	.02
ANESTHESIA	41	52	4,106.00	78.96	.001	100.15	.06
PERIODONTICS	102	109	11,262.50	103.33	.002	110.42	.16
ENDODONTICS	227	518	69,238.50	133.67	.007	305.02	.95
RESTORATIVE DENTISTRY	1,024	3,051	180,829.30	59.27	.042	176.59	2.49
PROSTHETICS	17	17	300.00	17.65	.000	17.65	.00
DENTURES, STAYPLATES	119	336	50,680.00	150.83	.005	425.88	.70
SPACE MAINTAINERS	19	25	3,040.00	121.60	.000	160.00	.04
MAXILLOFACIAL SERVICES	4	4	246.00	61.50	.000	61.50	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	185	233	17,431.25	74.81	.003	94.22	.24
ALL OTHER SERVICES	129	178	1,275.00	7.16	.002	9.88	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,350  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
72,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	853	2,450	\$ 52,876.67	\$ 21.58	.034	\$ 61.99	\$ .73	
DIAGNOSTIC AND ANC. PROCED	564	647	25,071.39	38.75	.009	44.45	.35	
EYE APPLIANCES	629	1,771	26,779.87	15.12	.024	42.58	.37	
OTHER OPTOMETRIC SERVICES	27	32	1,025.41	32.04	.000	37.98	.01	
@CHIROPRACTOR	258	561	\$ 9,008.42	\$ 16.06	.008	\$ 34.92	\$ .12	
VISITS	250	548	8,874.14	16.19	.008	35.50	.12	
OTHER SERVICES	8	13	134.28	10.33	.000	16.79	.00	
@PODIATRIST	53	67	\$ 762.23	\$ 11.38	.001	\$ 14.38	\$ .01	

MEDICINE/INJECTIONS	8	9	309.70	34.41	.000	38.71	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	45	57	435.23	7.64	.001	9.67	.01
@HOME HEALTH AGENCY	355	966	\$ 58,758.22	\$ 60.83	.013	\$ 165.52	\$ .81
NURSE ANESTHESIST	23	229	\$ 2,594.15	\$ 11.33	.003	\$ 112.79	\$ .04
NURSE MIDWIFE	75	104	\$ 56,523.74	\$ 543.50	.001	\$ 753.65	\$ .78
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	490	1,040	\$ 17,916.82	\$ 17.23	.014	\$ 36.56	\$ .25
@TOTAL HOSPITAL	5,889	28,702	\$ 4,751,198.65	\$ 165.54	.396	\$ 806.79	\$ 65.52
HOSP INPATIENT TOTAL	664	2,659	3,940,647.72	1482.00	.037	5934.71	54.35
HSC HOSPITALS	111	790	1,085,458.49	1374.00	.011	9778.91	14.97
NON-HSC HOSPITAL TOTAL	493	1,869	2,800,665.28	1498.48	.026	5680.86	38.62
ACCOMMODATIONS	493	1,869	855,330.41	457.64	.026	1734.95	11.80
ADMINISTRATIVE DAYS	1	31	6,870.84	221.64	.000	6870.84	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	492	1,838	848,459.57	461.62	.025	1724.51	11.70
ANCILLARIES	491	0	1,945,334.87	.00	.000	3961.99	26.83
INPATIENT CROSSOVERS	69	0	54,523.95	.00	.000	790.20	.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,469	26,043	810,550.93	31.12	.359	148.21	11.18
MEDICAL	1,667	2,671	140,540.18	52.62	.037	84.31	1.94
SURGERY	485	593	33,168.43	55.93	.008	68.39	.46
PATHOLOGY	2,096	8,760	109,718.31	12.52	.121	52.35	1.51
RADIOLOGY	2,261	3,094	205,136.05	66.30	.043	90.73	2.83
ROOM USE	2,765	3,940	154,813.54	39.29	.054	55.99	2.14
CROSSOVERS/ALL OTH OUTPTNT	2,025	6,985	167,174.42	23.93	.096	82.56	2.31
@COUNTY HOSPITAL TOTAL	17	119	\$ 13,959.27	\$ 117.30	.002	\$ 821.13	\$ .19
CO HOSPITAL INPATIENT TOTAL	3	9	10,650.02	1183.34	.000	3550.01	.15
HSC HOSPITALS	3	9	10,650.02	1183.34	.000	3550.01	.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	110	3,309.25	30.08	.002	206.83	.05
MEDICAL	3	4	317.37	79.34	.000	105.79	.00
SURGERY	5	8	342.73	42.84	.000	68.55	.00
PATHOLOGY	6	50	719.20	14.38	.001	119.87	.01
RADIOLOGY	3	4	345.08	86.27	.000	115.03	.00
ROOM USE	13	23	1,304.95	56.74	.000	100.38	.02
CROSSOVERS/ALL OTH OUTPTNT	8	21	279.92	13.33	.000	34.99	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,351  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
72,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,873	28,583	\$ 4,737,239.38	\$ 165.74	.394	\$ 806.61	\$ 65.33	
COMM HOSP INPATIENT TOTAL	661	2,650	3,929,997.70	1483.02	.037	5945.53	54.20	
HSC HOSPITALS	108	781	1,074,808.47	1376.20	.011	9951.93	14.82	
NON-HSC HOSPITALS TOTAL	493	1,869	2,800,665.28	1498.48	.026	5680.86	38.62	
ACCOMMODATIONS	493	1,869	855,330.41	457.64	.026	1734.95	11.80	

ADMINISTRATIVE DAYS	1	31		6,870.84	221.64	.000	6870.84	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	492	1,838		848,459.57	461.62	.025	1724.51	11.70
ANCILLARIES	491	0		1,945,334.87	.00	.000	3961.99	26.83
INPATIENT CROSSOVERS	69	0		54,523.95	.00	.000	790.20	.75
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,453	25,933		807,241.68	31.13	.358	148.04	11.13
MEDICAL	1,664	2,667		140,222.81	52.58	.037	84.27	1.93
SURGERY	480	585		32,825.70	56.11	.008	68.39	.45
PATHOLOGY	2,090	8,710		108,999.11	12.51	.120	52.15	1.50
RADIOLOGY	2,258	3,090		204,790.97	66.28	.043	90.70	2.82
ROOM USE	2,752	3,917		153,508.59	39.19	.054	55.78	2.12
CROSSOVERS/ALL OTH OUTPTNT	2,017	6,964		166,894.50	23.97	.096	82.74	2.30
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	92	2,554	\$	338,008.27	\$ 132.34	.035	\$ 3674.00	\$ 4.66
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	92	2,554		338,008.27	132.34	.035	3674.00	4.66
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	47	3,249	\$	82,759.45	\$ 25.47	.045	\$ 1760.84	\$ 1.14
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	47	3,249		82,759.45	25.47	.045	1760.84	1.14
@REHABILITATION FACILITY	11	21	\$	956.58	\$ 45.55	.000	\$ 86.96	\$ .01
HOSPITAL BASED	11	21		956.58	45.55	.000	86.96	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3,048	10,384	\$	142,203.92	\$ 13.69	.143	\$ 46.65	\$ 1.96
PATHOLOGY	3,040	10,371		142,038.07	13.70	.143	46.72	1.96
XO AND OTHERS	8	13		165.85	12.76	.000	20.73	.00
@ORGANIZED OUTPATIENT CLINIC	14,557	24,928	\$	1,997,049.86	\$ 80.11	.344	\$ 137.19	\$ 27.54
CLINIC	576	2,147		50,215.52	23.39	.030	87.18	.69
SURGICENTER	76	334		16,962.64	50.79	.005	223.19	.23
HEROIN DETOX CLINIC	4	48		633.28	13.19	.001	158.32	.01
RURAL HEALTH CLINIC	14,003	22,399		1,929,238.42	86.13	.309	137.77	26.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

----- MONTHLY AVERAGE -----								
72,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,941	55,219	\$ 342,464.34	\$ 6.20	.762	\$ 86.90	\$ 4.72	
DURABLE MED. EQUIP.	230	488	33,761.16	69.18	.007	146.79	.47	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	34	40	3,091.62	77.29	.001	90.93	.04	
MEDICAL TRANSPORTATION	446	7,063	99,728.85	14.12	.097	223.61	1.38	
AMBULANCES/AIR TRANS	405	3,908	60,918.38	15.59	.054	150.42	.84	
OTHER TRANS	28	3,072	17,402.40	5.66	.042	621.51	.24	
OTHER SERVICES	32	83	21,408.07	257.93	.001	669.00	.30	
ACUPUNCTURE	11	23	364.95	15.87	.000	33.18	.01	



ADULT DAY HEALTH CARE CTR	1	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,710.00	105.00	.001	105.00	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	13	119	6,833.19	57.42	.002	525.63	.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	732	1,598	15,662.09	9.80	.022	21.40	.22
PHYSICAL THERAPIST	33	256	3,779.03	14.76	.004	114.52	.05
PORTABLE X-RAY	6	9	6.50	.72	.000	1.08	.00
PROSTHETIST/ORTHOTISTS	78	150	16,180.43	107.87	.002	207.44	.22
PROSTHETICS	78	150	16,180.43	107.87	.002	207.44	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	20.31	20.31	.000	20.31	.00
SPEECH AND AUDIOLOGY	142	287	13,570.67	47.28	.004	95.57	.19
HOSPICE SERVICES	7	94	10,214.69	108.67	.001	1459.24	.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,687	11,981	100,193.85	8.36	.165	59.39	1.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	538	33,008	28,347.00	.86	.455	52.69	.39
@CALIF. CHILDREN SERVICES*	179	5,397	\$ 562,685.64	\$ 104.26	.074	\$ 3143.50	\$ 7.76
@XOVER EXCLUDING STATE HOSP**	1,416	9,540	\$ 188,711.24	\$ 19.78	.132	\$ 133.27	\$ 2.60

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,353  
 MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - AGED      AID CODE 17 1Y

129 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	173	1,716	\$ 152,819.30	\$ 89.06	13.302	\$ 883.35	\$ 1184.65
@PHYSICIANS SERVICES	32	321	\$ 3,729.14	\$ 11.62	2.488	\$ 116.54	\$ 28.91
OUTPATIENT VISITS	2	2	16.21	8.11	.016	8.11	.13
OFFICE VISITS	2	2	16.21	8.11	.016	8.11	.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	40.00	20.00	.016	20.00	.31
EXAMINATIONS	2	2	40.00	20.00	.016	20.00	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	28	317	3,672.93	11.59	2.457	131.18	28.47
@PHARMACY	116	535	\$ 55,742.73	\$ 104.19	4.147	\$ 480.54	\$ 432.11
PRESCRIPTION DRUGS	114	514	55,193.57	107.38	3.984	484.15	427.86
SNF/ICF	22	166	8,731.48	52.60	1.287	396.89	67.69
OUTPATIENTS	93	348	46,462.09	133.51	2.698	499.59	360.17
MEDICAL SUPPLIES	8	21	549.16	26.15	.163	68.65	4.26
@DENTIST	6	25	\$ 1,433.00	\$ 57.32	.194	\$ 238.83	\$ 11.11
VISITS - DIAGNOSTIC	4	17	171.00	10.06	.132	42.75	1.33
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	5	312.00	62.40	.039	312.00	2.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	950.00	316.67	.023	475.00	7.36
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOPO24	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
				AID CODE 17 1Y			
				----- MONTHLY AVERAGE -----			
129 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@OPTOMETRIST	4	12	\$ 226.78	\$ 18.90	.093	\$ 56.70	\$ 1.76
DIAGNOSTIC AND ANC. PROCED	2	3	67.45	22.48	.023	33.73	.52
EYE APPLIANCES	3	9	159.33	17.70	.070	53.11	1.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	8	11	\$ 5,524.16	\$ 502.20	.085	\$ 690.52	\$ 42.82
HOSP INPATIENT TOTAL	5	0	5,256.00	.00	.000	1051.20	40.74
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,355
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED	AID CODE 17 1Y

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	11	\$	5,524.16	\$ 502.20	.085	\$ 690.52	\$ 42.82
COMM HOSP INPATIENT TOTAL	5	0		5,256.00	.00	.000	1051.20	40.74
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0		5,256.00	.00	.000	1051.20	40.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	11		268.16	24.38	.085	89.39	2.08
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	11		268.16	24.38	.085	89.39	2.08
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	708	\$	79,386.77	\$ 112.13	5.488	\$ 3307.78	\$ 615.40
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	24	708		79,386.77	112.13	5.488	3307.78	615.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	8	\$	3,489.42	\$ 436.18	.062	\$ 581.57	\$ 27.05
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	8		3,489.42	436.18	.062	581.57	27.05
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	47	\$	1,385.98	\$ 29.49	.364	\$ 69.30	\$ 10.74
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		198.93	198.93	.008	198.93	1.54
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	46		1,187.05	25.81	.357	62.48	9.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
				AID CODE 17 1Y				
				----- MONTHLY AVERAGE -----				
129 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	18	49	\$ 1,901.32	\$ 38.80	.380	\$ 105.63	\$ 14.74	
DURABLE MED. EQUIP.	1	1	79.50	79.50	.008	79.50	.62	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	1	1	933.33	933.33	.008	933.33	7.24
MEDICAL TRANSPORTATION	1	12	44.81	3.73	.093	44.81	.35
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	12	44.81	3.73	.093	44.81	.35
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	74.06	12.34	.047	24.69	.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	108.61	54.31	.016	54.31	.84
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	27	661.01	24.48	.209	60.09	5.12
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	50	364	16,893.33	46.41	2.822	337.87	130.96

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND

PAGE 18,357  
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 27			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	.00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,358  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,359  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00		.00
LEV B-REHAB MD	0	0		.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00
LEV B-REGULAR	0	0		.00		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.00
ICF DD	0	0		.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00
XO AND OTHERS	0	0		.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$	.00
CLINIC	0	0		.00		.00		.00
SURGICENTER	0	0		.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,360  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27



00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

PAGE 18,361  
03/14/05

191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	277	3,217	\$ 410,877.99	\$ 127.72	16.843	\$ 1483.31	\$ 2151.19
@PHYSICIANS SERVICES	96	704	\$ 30,386.50	\$ 43.16	3.686	\$ 316.53	\$ 159.09
OUTPATIENT VISITS	16	22	868.50	39.48	.115	54.28	4.55
OFFICE VISITS	14	20	665.82	33.29	.105	47.56	3.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	202.68	101.34	.010	101.34	1.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	17	134	6,678.58	49.84	.702	392.86	34.97
HOSPITAL VISITS	16	113	4,269.03	37.78	.592	266.81	22.35
CRITICAL CARE	3	21	2,409.55	114.74	.110	803.18	12.62
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	46.44	23.22	.010	46.44	.24

EXAMINATIONS	1	2	46.44	23.22	.010	46.44	.24	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	11	114	12,349.44	108.33	.597	1122.68	64.66	
PRINCIPAL SURGEON	10	29	9,580.69	330.37	.152	958.07	50.16	
ASSISTANT SURGEON	2	3	932.60	310.87	.016	466.30	4.88	
ANESTHESIOLOGIST	4	82	1,836.15	22.39	.429	459.04	9.61	
OUTPATIENT SURGERY	4	6	295.19	49.20	.031	73.80	1.55	
PRINCIPAL SURGEON	4	6	295.19	49.20	.031	73.80	1.55	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	1	2	113.20	56.60	.010	113.20	.59	
PATHOLOGY	3	62	2,786.09	44.94	.325	928.70	14.59	
RADIOLOGY	28	123	3,532.83	28.72	.644	126.17	18.50	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	2	35	195.57	5.59	.183	97.79	1.02	
OTHER SERVICES/ALL X-OVERS	61	204	3,520.66	17.26	1.068	57.72	18.43	
@PHARMACY	162	999	\$ 182,559.55	\$ 182.74	5.230	\$ 1126.91	\$ 955.81	
PRESCRIPTION DRUGS	156	910	181,645.21	199.61	4.764	1164.39	951.02	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	156	910	181,645.21	199.61	4.764	1164.39	951.02	
MEDICAL SUPPLIES	17	89	914.34	10.27	.466	53.78	4.79	
@DENTIST	31	146	\$ 2,898.00	\$ 19.85	.764	\$ 93.48	\$ 15.17	
VISITS - DIAGNOSTIC	25	91	601.00	6.60	.476	24.04	3.15	
ORAL SURGERY	5	6	130.00	21.67	.031	26.00	.68	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	1	.00	.00	.005	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	7	28	873.00	31.18	.147	124.71	4.57	
PROSTHETICS	2	2	30.00	15.00	.010	15.00	.16	
DENTURES, STAYPLATES	8	18	1,264.00	70.22	.094	158.00	6.62	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,362
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.021	\$ 100.56	\$ .53
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.25
EYE APPLIANCES	1	3	53.11	17.70	.016	53.11	.28
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$ 276.07	\$ 69.02	.021	\$ 138.04	\$ 1.45
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	59	530	\$	176,181.06	\$	332.42	2.775	\$	2986.12	\$	922.41
HOSP INPATIENT TOTAL	18	135		166,812.99		1235.65	.707		9267.39		873.37
HSC HOSPITALS	8	76		95,213.00		1252.80	.398		11901.63		498.50
NON-HSC HOSPITAL TOTAL	6	59		68,131.39		1154.77	.309		11355.23		356.71
ACCOMMODATIONS	6	59		24,573.13		416.49	.309		4095.52		128.66
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	59		24,573.13		416.49	.309		4095.52		128.66
ANCILLARIES	6	0		43,558.26		.00	.000		7259.71		228.05
INPATIENT CROSSOVERS	4	0		3,468.60		.00	.000		867.15		18.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	45	395		9,368.07		23.72	2.068		208.18		49.05
MEDICAL	20	42		1,916.90		45.64	.220		95.85		10.04
SURGERY	3	3		91.49		30.50	.016		30.50		.48
PATHOLOGY	17	110		1,117.63		10.16	.576		65.74		5.85
RADIOLOGY	15	26		2,523.67		97.06	.136		168.24		13.21
ROOM USE	15	21		749.67		35.70	.110		49.98		3.92
CROSSOVERS/ALL OTH OUTPTNT	24	193		2,968.71		15.38	1.010		123.70		15.54
@COUNTY HOSPITAL TOTAL	3	34	\$	41,940.68	\$	1233.55	.178	\$	13980.23	\$	219.58
CO HOSPITAL INPATIENT TOTAL	1	31		41,912.00		1352.00	.162		41912.00		219.43
HSC HOSPITALS	1	31		41,912.00		1352.00	.162		41912.00		219.43
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	3		28.68		9.56	.016		14.34		.15
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	3		28.68		9.56	.016		14.34		.15

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,363  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57		496	\$ 134,240.38	\$ 270.65	2.597	\$ 2355.09	\$ 702.83
COMM HOSP INPATIENT TOTAL	17		104	124,900.99	1200.97	.545	7347.12	653.93
HSC HOSPITALS	7		45	53,301.00	1184.47	.236	7614.43	279.06
NON-HSC HOSPITALS TOTAL	6		59	68,131.39	1154.77	.309	11355.23	356.71
ACCOMMODATIONS	6		59	24,573.13	416.49	.309	4095.52	128.66
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6		59	24,573.13	416.49	.309	4095.52	128.66
ANCILLARIES	6		0	43,558.26	.00	.000	7259.71	228.05
INPATIENT CROSSOVERS	4		0	3,468.60	.00	.000	867.15	18.16
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	44	392		9,339.39		23.82	2.052	212.26	48.90
MEDICAL	20	42		1,916.90		45.64	.220	95.85	10.04
SURGERY	3	3		91.49		30.50	.016	30.50	.48
PATHOLOGY	17	110		1,117.63		10.16	.576	65.74	5.85
RADIOLOGY	15	26		2,523.67		97.06	.136	168.24	13.21
ROOM USE	15	21		749.67		35.70	.110	49.98	3.92
CROSSOVERS/ALL OTH OUTPTNT	23	190		2,940.03		15.47	.995	127.83	15.39
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	2	7	\$	1,568.35	\$	224.05	.037	784.18	8.21
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2	7		1,568.35		224.05	.037	784.18	8.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	15	\$	6,875.04	\$	458.34	.079	687.50	35.99
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	10	15		6,875.04		458.34	.079	687.50	35.99
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	29	\$	281.17	\$	9.70	.152	40.17	1.47
PATHOLOGY	7	29		281.17		9.70	.152	40.17	1.47
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	26	54	\$	3,826.85	\$	70.87	.283	147.19	20.04
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	26	54		3,826.85		70.87	.283	147.19	20.04

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,364  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

	191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	37	725	\$	5,924.84	\$ 8.17	3.796	\$ 160.13	\$ 31.02
DURABLE MED. EQUIP.	2	2		262.54	131.27	.010	131.27	1.37
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	211		2,272.19	10.77	1.105	174.78	11.90
AMBULANCES/AIR TRANS	9	186		2,123.03	11.41	.974	235.89	11.12
OTHER TRANS	2	15		107.13	7.14	.079	53.57	.56
OTHER SERVICES	3	10		42.03	4.20	.052	14.01	.22
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	12		1,497.15	124.76	.063	499.05	7.84
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	4		57.88	14.47	.021	57.88	.30
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	1	1	.30	.30	.005	.30	.00
PROSTHETIST/ORTHOTISTS	5	12	1,219.45	101.62	.063	243.89	6.38
PROSTHETICS	5	12	1,219.45	101.62	.063	243.89	6.38
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	141.69	47.23	.016	141.69	.74
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	480	473.64	.99	2.513	36.43	2.48
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	73	438	\$ 16,142.68	\$ 36.86	2.293	\$ 221.13	\$ 84.52

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,365
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	199	978	\$ 99,505.69	\$ 101.74	6.887	\$ 500.03	\$ 700.74
@PHYSICIANS SERVICES	85	246	\$ 14,222.59	\$ 57.82	1.732	\$ 167.32	\$ 100.16
OUTPATIENT VISITS	25	30	964.97	32.17	.211	38.60	6.80
OFFICE VISITS	22	27	720.19	26.67	.190	32.74	5.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	244.78	81.59	.021	81.59	1.72
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	23	963.67	41.90	.162	120.46	6.79
HOSPITAL VISITS	7	21	610.59	29.08	.148	87.23	4.30
CRITICAL CARE	1	1	299.00	299.00	.007	299.00	2.11
SNF/ICF/TRANS IP CARE	1	1	54.08	54.08	.007	54.08	.38
OPHTHALMOLOGICAL SERVICES	2	2	71.98	35.99	.014	35.99	.51
EXAMINATIONS	2	2	71.98	35.99	.014	35.99	.51
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	76	6,750.58	88.82	.535	375.03	47.54
PRINCIPAL SURGEON	13	18	4,814.21	267.46	.127	370.32	33.90
ASSISTANT SURGEON	3	4	675.92	168.98	.028	225.31	4.76
ANESTHESIOLOGIST	6	54	1,260.45	23.34	.380	210.08	8.88
OUTPATIENT SURGERY	9	12	2,016.50	168.04	.085	224.06	14.20
PRINCIPAL SURGEON	8	8	1,884.53	235.57	.056	235.57	13.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	131.97	32.99	.028	131.97	.93
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	32.58	32.58	.007	32.58	.23
RADIOLOGY	42	74	2,555.99	34.54	.521	60.86	18.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	7.65	7.65	.007	7.65	.05
OTHER SERVICES/ALL X-OVERS	17	27	858.67	31.80	.190	50.51	6.05
@PHARMACY	42	104	\$ 12,920.34	\$ 124.23	.732	\$ 307.63	\$ 90.99
PRESCRIPTION DRUGS	41	102	12,827.35	125.76	.718	312.86	90.33
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	41	102	12,827.35	125.76	.718	312.86	90.33
MEDICAL SUPPLIES	2	2	92.99	46.50	.014	46.50	.65
@DENTIST	17	82	\$ 626.00	\$ 7.63	.577	\$ 36.82	\$ 4.41
VISITS - DIAGNOSTIC	12	63	269.00	4.27	.444	22.42	1.89
ORAL SURGERY	4	5	.00	.00	.035	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.007	.00	.00
RESTORATIVE DENTISTRY	5	10	357.00	35.70	.070	71.40	2.51
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	.00	.00	.014	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,366
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	4	\$ 55.56	\$ 13.89	.028	\$ 55.56	\$ .39
DIAGNOSTIC AND ANC. PROCED	1	1	26.22	26.22	.007	26.22	.18
EYE APPLIANCES	1	3	29.34	9.78	.021	29.34	.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	2	4	\$ 45.29	\$ 11.32	.028	\$ 22.65	\$ .32
@TOTAL HOSPITAL	59	295	\$ 62,710.43	\$ 212.58	2.077	\$ 1062.89	\$ 441.62
HOSP INPATIENT TOTAL	11	29	55,943.20	1929.08	.204	5085.75	393.97
HSC HOSPITALS	2	6	4,384.50	730.75	.042	2192.25	30.88
NON-HSC HOSPITAL TOTAL	9	23	51,558.70	2241.68	.162	5728.74	363.09
ACCOMMODATIONS	9	23	11,232.47	488.37	.162	1248.05	79.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	23	11,232.47	488.37	.162	1248.05	79.10
ANCILLARIES	9	0	40,326.23	.00	.000	4480.69	283.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	51	266	6,767.23	25.44	1.873	132.69	47.66
MEDICAL	28	45	1,844.15	40.98	.317	65.86	12.99
SURGERY	7	8	479.53	59.94	.056	68.50	3.38
PATHOLOGY	26	92	892.38	9.70	.648	34.32	6.28
RADIOLOGY	28	34	1,674.07	49.24	.239	59.79	11.79
ROOM USE	32	38	1,275.28	33.56	.268	39.85	8.98
CROSSOVERS/ALL OTH OUTPTNT	25	49	601.82	12.28	.345	24.07	4.24
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,367  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    MN - SOC - FAMILIES AID CODE 5R 6R 37

	142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	59	295	\$	62,710.43	\$ 212.58	2.077	\$ 1062.89	\$ 441.62
COMM HOSP INPATIENT TOTAL	11	29		55,943.20	1929.08	.204	5085.75	393.97
HSC HOSPITALS	2	6		4,384.50	730.75	.042	2192.25	30.88
NON-HSC HOSPITALS TOTAL	9	23		51,558.70	2241.68	.162	5728.74	363.09
ACCOMMODATIONS	9	23		11,232.47	488.37	.162	1248.05	79.10

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	23	11,232.47	488.37	.162	1248.05	79.10
ANCILLARIES	9	0	40,326.23	.00	.000	4480.69	283.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	266	6,767.23	25.44	1.873	132.69	47.66
MEDICAL	28	45	1,844.15	40.98	.317	65.86	12.99
SURGERY	7	8	479.53	59.94	.056	68.50	3.38
PATHOLOGY	26	92	892.38	9.70	.648	34.32	6.28
RADIOLOGY	28	34	1,674.07	49.24	.239	59.79	11.79
ROOM USE	32	38	1,275.28	33.56	.268	39.85	8.98
CROSSOVERS/ALL OTH OUTPTNT	25	49	601.82	12.28	.345	24.07	4.24
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	7	839.00	119.86	.049	839.00	5.91
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	7	839.00	119.86	.049	839.00	5.91
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	52	1,157.28	22.26	.366	89.02	8.15
PATHOLOGY	13	52	1,157.28	22.26	.366	89.02	8.15
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	28	42	3,698.77	88.07	.296	132.10	26.05
CLINIC	2	6	301.29	50.22	.042	150.65	2.12
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	26	36	3,397.48	94.37	.254	130.67	23.93

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,368  
MPO024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	142	\$ 3,230.43	\$ 22.75	1.000	\$ 323.04	\$ 22.75
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	117	3,019.92	25.81	.824	754.98	21.27
AMBULANCES/AIR TRANS	4	116	1,219.92	10.52	.817	304.98	8.59
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.007	1800.00	12.68
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.014	26.08	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	23	184.43	8.02	.162	36.89	1.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,369
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

462 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	649	5,911	\$ 663,202.98	\$ 112.20	12.794	\$ 1021.88	\$ 1435.50
@PHYSICIANS SERVICES	213	1,271	\$ 48,338.23	\$ 38.03	2.751	\$ 226.94	\$ 104.63
OUTPATIENT VISITS	43	54	1,849.68	34.25	.117	43.02	4.00
OFFICE VISITS	38	49	1,402.22	28.62	.106	36.90	3.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	447.46	89.49	.011	89.49	.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	25	157	7,642.25	48.68	.340	305.69	16.54
HOSPITAL VISITS	23	134	4,879.62	36.42	.290	212.16	10.56
CRITICAL CARE	4	22	2,708.55	123.12	.048	677.14	5.86
SNF/ICF/TRANS IP CARE	1	1	54.08	54.08	.002	54.08	.12
OPHTHALMOLOGICAL SERVICES	5	6	158.42	26.40	.013	31.68	.34
EXAMINATIONS	5	6	158.42	26.40	.013	31.68	.34
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	190	19,100.02	100.53	.411	658.62	41.34
PRINCIPAL SURGEON	23	47	14,394.90	306.27	.102	625.87	31.16
ASSISTANT SURGEON	5	7	1,608.52	229.79	.015	321.70	3.48
ANESTHESIOLOGIST	10	136	3,096.60	22.77	.294	309.66	6.70
OUTPATIENT SURGERY	13	18	2,311.69	128.43	.039	177.82	5.00
PRINCIPAL SURGEON	12	14	2,179.72	155.69	.030	181.64	4.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	131.97	32.99	.009	131.97	.29
DIALYSIS	1	2	113.20	56.60	.004	113.20	.25
PATHOLOGY	4	63	2,818.67	44.74	.136	704.67	6.10

RADIOLOGY	70	197		6,088.82	30.91	.426	86.98	13.18	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	3	36		203.22	5.65	.078	67.74	.44	
OTHER SERVICES/ALL X-OVERS	106	548		8,052.26	14.69	1.186	75.96	17.43	
@PHARMACY	320	1,638	\$	251,222.62	\$ 153.37	3.545	\$ 785.07	\$ 543.77	
PRESCRIPTION DRUGS	311	1,526		249,666.13	163.61	3.303	802.78	540.40	
SNF/ICF	22	166		8,731.48	52.60	.359	396.89	18.90	
OUTPATIENTS	290	1,360		240,934.65	177.16	2.944	830.81	521.50	
MEDICAL SUPPLIES	27	112		1,556.49	13.90	.242	57.65	3.37	
@DENTIST	54	253	\$	4,957.00	\$ 19.59	.548	\$ 91.80	\$ 10.73	
VISITS - DIAGNOSTIC	41	171		1,041.00	6.09	.370	25.39	2.25	
ORAL SURGERY	9	11		130.00	11.82	.024	14.44	.28	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	1	1		.00	.00	.002	.00	.00	
ENDODONTICS	1	1		.00	.00	.002	.00	.00	
RESTORATIVE DENTISTRY	13	43		1,542.00	35.86	.093	118.62	3.34	
PROSTHETICS	2	2		30.00	15.00	.004	15.00	.06	
DENTURES, STAYPLATES	10	21		2,214.00	105.43	.045	221.40	4.79	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	2	2		.00	.00	.004	.00	.00	
ALL OTHER SERVICES	1	1		.00	.00	.002	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,370
MOPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	462 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	20	\$	382.90	\$ 19.15	.043	\$ 63.82	\$ .83
DIAGNOSTIC AND ANC. PROCED	4	5		141.12	28.22	.011	35.28	.31

EYE APPLIANCES	5	15		241.78	16.12	.032	48.36	.52
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$	276.07	\$ 69.02	.009	\$ 138.04	\$ .60
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	2	4	\$	45.29	\$ 11.32	.009	\$ 22.65	\$ .10
@TOTAL HOSPITAL	126	836	\$	244,415.65	\$ 292.36	1.810	\$ 1939.81	\$ 529.04
HOSP INPATIENT TOTAL	34	164		228,012.19	1390.32	.355	6706.24	493.53
HSC HOSPITALS	10	82		99,597.50	1214.60	.177	9959.75	215.58
NON-HSC HOSPITAL TOTAL	15	82		119,690.09	1459.64	.177	7979.34	259.07
ACCOMMODATIONS	15	82		35,805.60	436.65	.177	2387.04	77.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	82		35,805.60	436.65	.177	2387.04	77.50
ANCILLARIES	15	0		83,884.49	.00	.000	5592.30	181.57
INPATIENT CROSSOVERS	9	0		8,724.60	.00	.000	969.40	18.88
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	99	672		16,403.46	24.41	1.455	165.69	35.51
MEDICAL	48	87		3,761.05	43.23	.188	78.36	8.14
SURGERY	10	11		571.02	51.91	.024	57.10	1.24
PATHOLOGY	43	202		2,010.01	9.95	.437	46.74	4.35
RADIOLOGY	43	60		4,197.74	69.96	.130	97.62	9.09
ROOM USE	47	59		2,024.95	34.32	.128	43.08	4.38
CROSSOVERS/ALL OTH OUTPTNT	52	253		3,838.69	15.17	.548	73.82	8.31
@COUNTY HOSPITAL TOTAL	3	34	\$	41,940.68	\$ 1233.55	.074	\$ 13980.23	\$ 90.78
CO HOSPITAL INPATIENT TOTAL	1	31		41,912.00	1352.00	.067	41912.00	90.72
HSC HOSPITALS	1	31		41,912.00	1352.00	.067	41912.00	90.72
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3		28.68	9.56	.006	14.34	.06
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3		28.68	9.56	.006	14.34	.06

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,371  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

462 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	124	802	\$	202,474.97	\$ 252.46	1.736	\$ 1632.86	\$ 438.26	
COMM HOSP INPATIENT TOTAL	33	133		186,100.19	1399.25	.288	5639.40	402.81	
HSC HOSPITALS	9	51		57,685.50	1131.09	.110	6409.50	124.86	
NON-HSC HOSPITALS TOTAL	15	82		119,690.09	1459.64	.177	7979.34	259.07	
ACCOMMODATIONS	15	82		35,805.60	436.65	.177	2387.04	77.50	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	15	82		35,805.60	436.65	.177	2387.04	77.50	
ANCILLARIES	15	0		83,884.49	.00	.000	5592.30	181.57	
INPATIENT CROSSOVERS	9	0		8,724.60	.00	.000	969.40	18.88	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	98	669		16,374.78	24.48	1.448	167.09	35.44	
MEDICAL	48	87		3,761.05	43.23	.188	78.36	8.14	
SURGERY	10	11		571.02	51.91	.024	57.10	1.24	
PATHOLOGY	43	202		2,010.01	9.95	.437	46.74	4.35	
RADIOLOGY	43	60		4,197.74	69.96	.130	97.62	9.09	
ROOM USE	47	59		2,024.95	34.32	.128	43.08	4.38	
CROSSOVERS/ALL OTH OUTPTNT	51	250		3,810.01	15.24	.541	74.71	8.25	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	27	722	\$	81,794.12	\$ 113.29	1.563	\$ 3029.41	\$ 177.04	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	27	722		81,794.12	113.29	1.563	3029.41	177.04	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	16	23	\$	10,364.46	\$ 450.63	.050	\$ 647.78	\$ 22.43	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	16	23		10,364.46	450.63	.050	647.78	22.43	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	20	81	\$	1,438.45	\$ 17.76	.175	\$ 71.92	\$ 3.11	
PATHOLOGY	20	81		1,438.45	17.76	.175	71.92	3.11	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	74	143	\$	8,911.60	\$ 62.32	.310	\$ 120.43	\$ 19.29	
CLINIC	2	6		301.29	50.22	.013	150.65	.65	
SURGICENTER	1	1		198.93	198.93	.002	198.93	.43	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	71	136		8,411.38	61.85	.294	118.47	18.21	
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004					PAGE 18,372
MOP024				FEE-FOR-SERVICE/DENTAL					03/14/05
YUBA COUNTY				SUMMARY OF SERVICES FOR MN - SOC - TOTAL					

	462 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	65		916	\$ 11,056.59	\$ 12.07	1.983	\$ 170.10	\$ 23.93
DURABLE MED. EQUIP.	3		3	342.04	114.01	.006	114.01	.74
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	1	933.33	933.33	.002	933.33	2.02
MEDICAL TRANSPORTATION	18	340	5,336.92	15.70	.736	296.50	11.55
AMBULANCES/AIR TRANS	13	302	3,342.95	11.07	.654	257.15	7.24
OTHER TRANS	3	27	151.94	5.63	.058	50.65	.33
OTHER SERVICES	4	11	1,842.03	167.46	.024	460.51	3.99
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	12	1,497.15	124.76	.026	499.05	3.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	158.02	13.17	.026	31.60	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.30	.30	.002	.30	.00
PROSTHETIST/ORTHOTISTS	5	12	1,219.45	101.62	.026	243.89	2.64
PROSTHETICS	5	12	1,219.45	101.62	.026	243.89	2.64
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	250.30	50.06	.011	83.43	.54
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	23	184.43	8.02	.050	36.89	.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	507	1,134.65	2.24	1.097	47.28	2.46
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	123	802	33,036.01	41.19	1.736	268.59	71.51

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,373

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

AID CODE 13

	1,321 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,461	89,226	\$	4,499,834.86	\$ 50.43	67.544	\$ 3079.97	\$ 3406.39
@PHYSICIANS SERVICES	209	467	\$	6,422.67	\$ 13.75	.354	\$ 30.73	\$ 4.86
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	2		73.30	36.65	.002	36.65	.06
HOSPITAL VISITS	1	1		45.80	45.80	.001	45.80	.03
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.001	27.50	.02
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	10	6.92	.69	.008	6.92	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	206	455	6,342.45	13.94	.344	30.79	4.80
@PHARMACY	1,126	25,721	\$ 568,765.32	\$ 22.11	19.471	\$ 505.12	\$ 430.56
PRESCRIPTION DRUGS	1,119	9,723	562,664.29	57.87	7.360	502.83	425.94
SNF/ICF	1,096	9,556	558,968.36	58.49	7.234	510.01	423.14
OUTPATIENTS	39	167	3,695.93	22.13	.126	94.77	2.80
MEDICAL SUPPLIES	54	15,998	6,101.03	.38	12.111	112.98	4.62
@DENTIST	51	125	\$ 9,017.00	\$ 72.14	.095	\$ 176.80	\$ 6.83
VISITS - DIAGNOSTIC	46	101	2,186.00	21.64	.076	47.52	1.65
ORAL SURGERY	3	5	211.00	42.20	.004	70.33	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.15
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	11	18	6,420.00	356.67	.014	583.64	4.86
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024 FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED							
AID CODE 13							
----- MONTHLY AVERAGE -----							
1,321 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	16	39	\$ 643.51	\$ 16.50	.030	\$ 40.22	\$ .49
DIAGNOSTIC AND ANC. PROCED	3	4	48.02	12.01	.003	16.01	.04
EYE APPLIANCES	13	35	595.49	17.01	.026	45.81	.45
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	51	61	\$ 325.49	\$ 5.34	.046	\$ 6.38	\$ .25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	51	61	325.49	5.34	.046	6.38	.25
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	7	\$ 22.17	\$ 3.17	.005	\$ 22.17	\$ .02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	61	117	\$ 34,867.36	\$ 298.01	.089	\$ 571.60	\$ 26.39
HOSP INPATIENT TOTAL	37	3	32,125.78	10708.59	.002	868.26	24.32
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	1	3	3,953.21	1317.74	.002	3953.21	2.99
ACCOMMODATIONS	1	3	1,243.22	414.41	.002	1243.22	.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,243.22	414.41	.002	1243.22	.94
ANCILLARIES	1	0	2,709.99	.00	.000	2709.99	2.05
INPATIENT CROSSOVERS	36	0	28,172.57	.00	.000	782.57	21.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	114	2,741.58	24.05	.086	97.91	2.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	8	84.45	10.56	.006	21.11	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	24	106	2,657.13	25.07	.080	110.71	2.01
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
1,321 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	61	117	\$ 34,867.36	\$ 298.01	.089	\$ 571.60	\$ 26.39
COMM HOSP INPATIENT TOTAL	37	3	32,125.78	10708.59	.002	868.26	24.32
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	3,953.21	1317.74	.002	3953.21	2.99
ACCOMMODATIONS	1	3	1,243.22	414.41	.002	1243.22	.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,243.22	414.41	.002	1243.22	.94
ANCILLARIES	1	0	2,709.99	.00	.000	2709.99	2.05
INPATIENT CROSSOVERS	36	0	28,172.57	.00	.000	782.57	21.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	114	2,741.58	24.05	.086	97.91	2.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	8	84.45	10.56	.006	21.11	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	24	106	2,657.13	25.07	.080	110.71	2.01
@STATE HOSPITAL	8	233	\$ 139,197.74	\$ 597.42	.176	\$ 17399.72	\$ 105.37
MENTALLY ILL	8	233	139,197.74	597.42	.176	17399.72	105.37
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,151	33,792	\$ 3,561,924.50	\$ 105.41	25.581	\$ 3094.63	\$ 2696.38
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	4	122	13,276.04	108.82	.092	3319.01	10.05
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,147	33,670	3,548,648.46	105.39	25.488	3093.85	2686.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	46	66	\$ 29,352.87	\$ 444.74	.050	\$ 638.11	\$ 22.22
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	46	66	29,352.87	444.74	.050	638.11	22.22
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	34	108	\$ 2,821.08	\$ 26.12	.082	\$ 82.97	\$ 2.14
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	34	108	2,821.08	26.12	.082	82.97	2.14



1,321 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	242	28,490	\$ 146,475.15	\$ 5.14	21.567	\$ 605.27	\$ 110.88
DURABLE MED. EQUIP.	14	44	10,190.84	231.61	.033	727.92	7.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,414.13	1414.13	.001	1414.13	1.07
MEDICAL TRANSPORTATION	98	11,336	46,561.91	4.11	8.581	475.12	35.25
AMBULANCES/AIR TRANS	3	40	470.20	11.76	.030	156.73	.36
OTHER TRANS	82	11,220	45,800.99	4.08	8.494	558.55	34.67
OTHER SERVICES	17	76	290.72	3.83	.058	17.10	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	22	267.05	12.14	.017	26.71	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	32	48	28.32	.59	.036	.89	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	19	47	2,894.12	61.58	.036	152.32	2.19
HOSPICE SERVICES	32	695	78,836.01	113.43	.526	2463.63	59.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	60	16,297	6,282.77	.39	12.337	104.71	4.76
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	471	29,438	\$ 225,982.82	\$ 7.68	22.285	\$ 479.79	\$ 171.07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 18,377  
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,378  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,379  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,380  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,381
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	149	12,868	\$ 850,628.21	\$ 66.10	106.347	\$ 5708.91	\$ 7029.99
@PHYSICIANS SERVICES	53	284	\$ 5,130.53	\$ 18.07	2.347	\$ 96.80	\$ 42.40
OUTPATIENT VISITS	4	4	192.61	48.15	.033	48.15	1.59
OFFICE VISITS	1	1	24.00	24.00	.008	24.00	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	149.41	74.71	.017	74.71	1.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1		19.20	19.20	.008	19.20	.16
INPATIENT VISITS	20	193		3,388.32	17.56	1.595	169.42	28.00
HOSPITAL VISITS	2	22		872.86	39.68	.182	436.43	7.21
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	18	171		2,515.46	14.71	1.413	139.75	20.79
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2		271.82	135.91	.017	135.91	2.25
PRINCIPAL SURGEON	2	2		271.82	135.91	.017	135.91	2.25
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	6		210.45	35.08	.050	105.23	1.74
PRINCIPAL SURGEON	1	1		77.07	77.07	.008	77.07	.64
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5		133.38	26.68	.041	133.38	1.10
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	7	16		548.32	34.27	.132	78.33	4.53
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	27	63		519.01	8.24	.521	19.22	4.29
@PHARMACY	115	8,625	\$	78,660.73	\$ 9.12	71.281	\$ 684.01	\$ 650.09
PRESCRIPTION DRUGS	113	932		75,058.72	80.54	7.702	664.24	620.32
SNF/ICF	106	901		71,856.86	79.75	7.446	677.89	593.86
OUTPATIENTS	8	31		3,201.86	103.29	.256	400.23	26.46
MEDICAL SUPPLIES	14	7,693		3,602.01	.47	63.579	257.29	29.77
@DENTIST	3	22	\$	949.00	\$ 43.14	.182	\$ 316.33	\$ 7.84
VISITS - DIAGNOSTIC	3	17		214.00	12.59	.140	71.33	1.77
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	2		200.00	100.00	.017	200.00	1.65
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2		395.00	197.50	.017	197.50	3.26
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		140.00	140.00	.008	140.00	1.16
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,382
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63							

121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	4	11	\$ 185.75	\$ 16.89	.091	\$ 46.44	\$ 1.54	
DIAGNOSTIC AND ANC. PROCED	1	2	46.94	23.47	.017	46.94	.39	
EYE APPLIANCES	3	9	138.81	15.42	.074	46.27	1.15	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	5	5	\$ 56.86	\$ 11.37	.041	\$ 11.37	\$ .47	

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	5	5		56.86	11.37	.041	11.37	.47
@HOME HEALTH AGENCY	2	35	\$	2,516.37	\$ 71.90	.289	\$ 1258.19	\$ 20.80
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	19	415	\$	63,524.31	\$ 153.07	3.430	\$ 3343.38	\$ 524.99
HOSP INPATIENT TOTAL	5	33		58,879.20	1784.22	.273	11775.84	486.60
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	33		58,879.20	1784.22	.273	11775.84	486.60
ACCOMMODATIONS	5	33		15,534.07	470.73	.273	3106.81	128.38
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	33		15,534.07	470.73	.273	3106.81	128.38
ANCILLARIES	5	0		43,345.13	.00	.000	8669.03	358.22
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	382		4,645.11	12.16	3.157	331.79	38.39
MEDICAL	3	231		3,148.72	13.63	1.909	1049.57	26.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	131		708.54	5.41	1.083	141.71	5.86
RADIOLOGY	1	1		15.44	15.44	.008	15.44	.13
ROOM USE	2	5		326.28	65.26	.041	163.14	2.70
CROSSOVERS/ALL OTH OUTPTNT	9	14		446.13	31.87	.116	49.57	3.69
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,383  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MN - LONG TERM CARE - DISABLED      AID CODE 63

	121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	415	\$	63,524.31	\$ 153.07	3.430	\$ 3343.38	\$ 524.99
COMM HOSP INPATIENT TOTAL	5	33		58,879.20	1784.22	.273	11775.84	486.60
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	33		58,879.20	1784.22	.273	11775.84	486.60
ACCOMMODATIONS	5	33		15,534.07	470.73	.273	3106.81	128.38

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	33		15,534.07	470.73	.273	3106.81	128.38
ANCILLARIES	5	0		43,345.13	.00	.000	8669.03	358.22
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	382		4,645.11	12.16	3.157	331.79	38.39
MEDICAL	3	231		3,148.72	13.63	1.909	1049.57	26.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	131		708.54	5.41	1.083	141.71	5.86
RADIOLOGY	1	1		15.44	15.44	.008	15.44	.13
ROOM USE	2	5		326.28	65.26	.041	163.14	2.70
CROSSOVERS/ALL OTH OUTPTNT	9	14		446.13	31.87	.116	49.57	3.69
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	53	1,821	\$	432,812.25	\$ 237.68	15.050	\$ 8166.27	\$ 3576.96
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	4	122		12,665.04	103.81	1.008	3166.26	104.67
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	366		224,693.32	613.92	3.025	24965.92	1856.97
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,333		195,453.89	146.63	11.017	4886.35	1615.32
@INTERMEDIATE CARE FACIL.-DD	48	1,462	\$	256,317.81	\$ 175.32	12.083	\$ 5339.95	\$ 2118.33
ICF DDH	24	730		115,298.20	157.94	6.033	4804.09	952.88
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	24	732		141,019.61	192.65	6.050	5875.82	1165.45
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	8	\$	98.52	\$ 12.32	.066	\$ 49.26	\$ .81
PATHOLOGY	2	8		98.52	12.32	.066	49.26	.81
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	273.25	\$ 91.08	.025	\$ 91.08	\$ 2.26
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		273.25	91.08	.025	91.08	2.26

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,384  
MPO024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

121 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	30	177	\$ 10,102.83	\$ 57.08	1.463	\$ 336.76	\$ 83.49
DURABLE MED. EQUIP.	2	6	1,676.31	279.39	.050	838.16	13.85
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	28	609.25	21.76	.231	121.85	5.04
AMBULANCES/AIR TRANS	5	27	600.35	22.24	.223	120.07	4.96
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	8.90	8.90	.008	8.90	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	59.36	9.89	.050	19.79	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.31	.66	.017	.66	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	61	2,085.77	34.19	.504	160.44	17.24
HOSPICE SERVICES	4	46	5,489.64	119.34	.380	1372.41	45.37
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	28	181.19	6.47	.231	20.13	1.50
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	40	103	\$ 2,988.99	\$ 29.02	.851	\$ 74.72	\$ 24.70

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,385
MOPO24	FEE-FOR-SERVICE/DENTAL		03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES	DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 18,386  
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,387  
MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00 \$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00 \$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00 \$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000 \$	.00 \$ .00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00 \$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00 \$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00 \$ .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000 \$	.00 \$ .00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,388
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
YUBA COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

PAGE 18,389  
03/14/05

	1,442 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		1,610	102,094	\$ 5,350,463.07	\$ 52.41	70.800	\$ 3323.27	\$ 3710.45
@PHYSICIANS SERVICES		262	751	\$ 11,553.20	\$ 15.38	.521	\$ 44.10	\$ 8.01
OUTPATIENT VISITS		4	4	192.61	48.15	.003	48.15	.13
OFFICE VISITS		1	1	24.00	24.00	.001	24.00	.02
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		2	2	149.41	74.71	.001	74.71	.10
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		1	1	19.20	19.20	.001	19.20	.01
INPATIENT VISITS		22	195	3,461.62	17.75	.135	157.35	2.40
HOSPITAL VISITS		3	23	918.66	39.94	.016	306.22	.64
CRITICAL CARE		0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE		19	172	2,542.96	14.78	.119	133.84	1.76
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00
EXAMINATIONS		0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		2	2	271.82	135.91	.001	135.91	.19
PRINCIPAL SURGEON		2	2	271.82	135.91	.001	135.91	.19
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	2	6	210.45	35.08	.004	105.23	.15
PRINCIPAL SURGEON	1	1	77.07	77.07	.001	77.07	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	133.38	26.68	.003	133.38	.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	26	555.24	21.36	.018	69.41	.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	233	518	6,861.46	13.25	.359	29.45	4.76
@PHARMACY	1,241	34,346	\$ 647,426.05	\$ 18.85	23.818	\$ 521.70	\$ 448.98
PRESCRIPTION DRUGS	1,232	10,655	637,723.01	59.85	7.389	517.63	442.25
SNF/ICF	1,202	10,457	630,825.22	60.33	7.252	524.81	437.47
OUTPATIENTS	47	198	6,897.79	34.84	.137	146.76	4.78
MEDICAL SUPPLIES	68	23,691	9,703.04	.41	16.429	142.69	6.73
@DENTIST	54	147	\$ 9,966.00	\$ 67.80	.102	\$ 184.56	\$ 6.91
VISITS - DIAGNOSTIC	49	118	2,400.00	20.34	.082	48.98	1.66
ORAL SURGERY	3	5	211.00	42.20	.003	70.33	.15
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	3	400.00	133.33	.002	200.00	.28
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	395.00	197.50	.001	197.50	.27
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	12	19	6,560.00	345.26	.013	546.67	4.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

PAGE 18,390

03/14/05

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

1,442 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	20	50	\$ 829.26	\$ 16.59	.035	\$ 41.46	\$ .58
DIAGNOSTIC AND ANC. PROCED	4	6	94.96	15.83	.004	23.74	.07
EYE APPLIANCES	16	44	734.30	16.69	.031	45.89	.51
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	56	66	\$ 382.35	\$ 5.79	.046	\$ 6.83	\$ .27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	56	66	382.35	5.79	.046	6.83	.27
@HOME HEALTH AGENCY	2	35	\$ 2,516.37	\$ 71.90	.024	\$ 1258.19	\$ 1.75
NURSE ANESTHESIST	1	7	22.17	3.17	.005	22.17	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	80	532	\$ 98,391.67	\$ 184.95	.369	\$ 1229.90	\$ 68.23
HOSP INPATIENT TOTAL	42	36	91,004.98	2527.92	.025	2166.79	63.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	6	36	62,832.41	1745.34	.025	10472.07	43.57
ACCOMMODATIONS	6	36	16,777.29	466.04	.025	2796.22	11.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	36	16,777.29	466.04	.025	2796.22	11.63
ANCILLARIES	6	0	46,055.12	.00	.000	7675.85	31.94
INPATIENT CROSSOVERS	36	0	28,172.57	.00	.000	782.57	19.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	496	7,386.69	14.89	.344	175.87	5.12
MEDICAL	3	231	3,148.72	13.63	.160	1049.57	2.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	139	792.99	5.70	.096	88.11	.55
RADIOLOGY	1	1	15.44	15.44	.001	15.44	.01
ROOM USE	2	5	326.28	65.26	.003	163.14	.23
CROSSOVERS/ALL OTH OUTPTNT	33	120	3,103.26	25.86	.083	94.04	2.15
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,442 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	80	532	\$ 98,391.67	\$ 184.95	.369	\$ 1229.90	\$ 68.23
COMM HOSP INPATIENT TOTAL	42	36	91,004.98	2527.92	.025	2166.79	63.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	36	62,832.41	1745.34	.025	10472.07	43.57
ACCOMMODATIONS	6	36	16,777.29	466.04	.025	2796.22	11.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	36	16,777.29	466.04	.025	2796.22	11.63
ANCILLARIES	6	0	46,055.12	.00	.000	7675.85	31.94
INPATIENT CROSSOVERS	36	0	28,172.57	.00	.000	782.57	19.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	42	496	7,386.69	14.89	.344	175.87	5.12
MEDICAL	3	231	3,148.72	13.63	.160	1049.57	2.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	139	792.99	5.70	.096	88.11	.55
RADIOLOGY	1	1	15.44	15.44	.001	15.44	.01
ROOM USE	2	5	326.28	65.26	.003	163.14	.23
CROSSOVERS/ALL OTH OUTPTNT	33	120	3,103.26	25.86	.083	94.04	2.15
@STATE HOSPITAL	8	233	\$ 139,197.74	\$ 597.42	.162	\$ 17399.72	\$ 96.53
MENTALLY ILL	8	233	139,197.74	597.42	.162	17399.72	96.53
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,204	35,613	\$ 3,994,736.75	\$ 112.17	24.697	\$ 3317.89	\$ 2770.28
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	8	244	25,941.08	106.32	.169	3242.64	17.99
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	366	224,693.32	613.92	.254	24965.92	155.82
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,187	35,003	3,744,102.35	106.97	24.274	3154.26	2596.46
@INTERMEDIATE CARE FACIL.-DD	48	1,462	\$ 256,317.81	\$ 175.32	1.014	\$ 5339.95	\$ 177.75
ICF DDH	24	730	115,298.20	157.94	.506	4804.09	79.96
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	24	732	141,019.61	192.65	.508	5875.82	97.79
@HEMODIALYSIS TOTAL	46	66	\$ 29,352.87	\$ 444.74	.046	\$ 638.11	\$ 20.36
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	46	66	29,352.87	444.74	.046	638.11	20.36
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	8	\$ 98.52	\$ 12.32	.006	\$ 49.26	\$ .07
PATHOLOGY	2	8	98.52	12.32	.006	49.26	.07
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	111	\$ 3,094.33	\$ 27.88	.077	\$ 83.63	\$ 2.15
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	37	111	3,094.33	27.88	.077	83.63	2.15
#CALIF DEPT OF HEALTH SERV							
MOP024							
YUBA COUNTY							



1,442 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	272	28,667	\$ 156,577.98	\$ 5.46	19.880	\$ 575.65	\$ 108.58
DURABLE MED. EQUIP.	16	50	11,867.15	237.34	.035	741.70	8.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,414.13	1414.13	.001	1414.13	.98
MEDICAL TRANSPORTATION	103	11,364	47,171.16	4.15	7.881	457.97	32.71
AMBULANCES/AIR TRANS	8	67	1,070.55	15.98	.046	133.82	.74
OTHER TRANS	82	11,220	45,800.99	4.08	7.781	558.55	31.76
OTHER SERVICES	18	77	299.62	3.89	.053	16.65	.21
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	28	326.41	11.66	.019	25.11	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	34	50	29.63	.59	.035	.87	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	32	108	4,979.89	46.11	.075	155.62	3.45
HOSPICE SERVICES	36	741	84,325.65	113.80	.514	2342.38	58.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	69	16,325	6,463.96	.40	11.321	93.68	4.48
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	511	29,541	\$ 228,971.81	\$ 7.75	20.486	\$ 448.09	\$ 158.79

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 YUBA COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

PAGE 18,393  
 03/14/05

4,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,449	114,083	\$ 5,843,412.82	\$ 51.22	25.189	\$ 1313.42	\$ 1290.22
@PHYSICIANS SERVICES	792	2,725	\$ 47,809.55	\$ 17.54	.602	\$ 60.37	\$ 10.56
OUTPATIENT VISITS	48	60	2,206.25	36.77	.013	45.96	.49
OFFICE VISITS	43	54	1,998.86	37.02	.012	46.49	.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	139.04	27.81	.001	27.81	.03
INPATIENT VISITS	6	27	1,101.56	40.80	.006	183.59	.24
HOSPITAL VISITS	5	26	1,074.06	41.31	.006	214.81	.24
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	23	31	1,107.80	35.74	.007	48.17	.24

EXAMINATIONS	23	31	1,107.80	35.74	.007	48.17	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	26	3,396.75	130.64	.006	679.35	.75
PRINCIPAL SURGEON	3	3	2,910.05	970.02	.001	970.02	.64
ASSISTANT SURGEON	1	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	486.70	21.16	.005	243.35	.11
OUTPATIENT SURGERY	7	10	3,655.04	365.50	.002	522.15	.81
PRINCIPAL SURGEON	7	10	3,655.04	365.50	.002	522.15	.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	59	122	4,093.51	33.55	.027	69.38	.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	2.26	2.26	.000	2.26	.00
OTHER SERVICES/ALL X-OVERS	694	2,448	32,246.38	13.17	.541	46.46	7.12
@PHARMACY	3,398	39,226	\$ 1,285,555.37	\$ 32.77	8.661	\$ 378.33	\$ 283.85
PRESCRIPTION DRUGS	3,341	18,178	1,265,511.94	69.62	4.014	378.78	279.42
SNF/ICF	1,177	10,158	588,537.32	57.94	2.243	500.03	129.95
OUTPATIENTS	2,189	8,020	676,974.62	84.41	1.771	309.26	149.48
MEDICAL SUPPLIES	236	21,048	20,043.43	.95	4.647	84.93	4.43
@DENTIST	165	609	\$ 37,285.00	\$ 61.22	.134	\$ 225.97	\$ 8.23
VISITS - DIAGNOSTIC	115	351	5,489.00	15.64	.078	47.73	1.21
ORAL SURGERY	20	79	5,221.00	66.09	.017	261.05	1.15
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	6	609.00	101.50	.001	121.80	.13
ENDODONTICS	3	3	660.00	220.00	.001	220.00	.15
RESTORATIVE DENTISTRY	22	74	6,002.00	81.11	.016	272.82	1.33
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	42	93	19,304.00	207.57	.021	459.62	4.26
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						

PAGE 18,394  
03/14/05

4,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	93	247	\$ 4,681.57	\$ 18.95	.055	\$ 50.34	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	26	30	867.73	28.92	.007	33.37	.19
EYE APPLIANCES	68	201	3,414.79	16.99	.044	50.22	.75
OTHER OPTOMETRIC SERVICES	12	16	399.05	24.94	.004	33.25	.09
@CHIROPRACTOR	4	9	\$ 71.19	\$ 7.91	.002	\$ 17.80	\$ .02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	9	71.19	7.91	.002	17.80	.02
@PODIATRIST	70	88	\$ 551.40	\$ 6.27	.019	\$ 7.88	\$ .12
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	70	88	551.40	6.27	.019	7.88	.12
@HOME HEALTH AGENCY	3	21	\$ 1,372.93	\$ 65.38	.005	\$ 457.64	\$ .30
NURSE ANESTHESIST	1	7	\$ 22.17	\$ 3.17	.002	\$ 22.17	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	4	\$	54.86	\$	13.72	.001	\$	27.43	\$	.01
@TOTAL HOSPITAL	284	908	\$	133,946.93	\$	147.52	.200	\$	471.64	\$	29.58
HOSP INPATIENT TOTAL	92	27		106,739.00		3953.30	.006		1160.21		23.57
HSC HOSPITALS	2	8		9,594.15		1199.27	.002		4797.08		2.12
NON-HSC HOSPITAL TOTAL	5	19		28,786.67		1515.09	.004		5757.33		6.36
ACCOMMODATIONS	5	19		8,718.57		458.87	.004		1743.71		1.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	19		8,718.57		458.87	.004		1743.71		1.93
ANCILLARIES	5	0		20,068.10		.00	.000		4013.62		4.43
INPATIENT CROSSOVERS	85	0		68,358.18		.00	.000		804.21		15.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	199	881		27,207.93		30.88	.195		136.72		6.01
MEDICAL	16	21		1,140.79		54.32	.005		71.30		.25
SURGERY	4	5		262.10		52.42	.001		65.53		.06
PATHOLOGY	27	126		1,221.52		9.69	.028		45.24		.27
RADIOLOGY	25	39		4,250.47		108.99	.009		170.02		.94
ROOM USE	22	24		1,038.47		43.27	.005		47.20		.23
CROSSOVERS/ALL OTH OUTPTNT	153	666		19,294.58		28.97	.147		126.11		4.26
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,395  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

				----- MONTHLY AVERAGE -----			
4,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	284	908	\$ 133,946.93	\$ 147.52	.200	\$ 471.64	\$ 29.58
COMM HOSP INPATIENT TOTAL	92	27	106,739.00	3953.30	.006	1160.21	23.57
HSC HOSPITALS	2	8	9,594.15	1199.27	.002	4797.08	2.12
NON-HSC HOSPITALS TOTAL	5	19	28,786.67	1515.09	.004	5757.33	6.36
ACCOMMODATIONS	5	19	8,718.57	458.87	.004	1743.71	1.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19	8,718.57	458.87	.004	1743.71	1.93
ANCILLARIES	5	0	20,068.10	.00	.000	4013.62	4.43
INPATIENT CROSSOVERS	85	0	68,358.18	.00	.000	804.21	15.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	199	881	27,207.93	30.88	.195	136.72	6.01
MEDICAL	16	21	1,140.79	54.32	.005	71.30	.25
SURGERY	4	5	262.10	52.42	.001	65.53	.06
PATHOLOGY	27	126	1,221.52	9.69	.028	45.24	.27
RADIOLOGY	25	39	4,250.47	108.99	.009	170.02	.94
ROOM USE	22	24	1,038.47	43.27	.005	47.20	.23
CROSSOVERS/ALL OTH OUTPTNT	153	666	19,294.58	28.97	.147	126.11	4.26
@STATE HOSPITAL	8	233	\$ 139,197.74	\$ 597.42	.051	\$ 17399.72	\$ 30.73
MENTALLY ILL	8	233	139,197.74	597.42	.051	17399.72	30.73
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,247	36,647	\$ 3,925,142.59	\$ 107.11	8.092	\$ 3147.67	\$ 866.67
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	4	122	13,276.04	108.82	.027	3319.01	2.93
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,243	36,525	3,911,866.55	107.10	8.065	3147.12	863.74
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	65	78	\$ 42,315.59	\$ 542.51	.017	\$ 651.01	\$ 9.34
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	65	78	42,315.59	542.51	.017	651.01	9.34
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	42	158	\$ 1,693.31	\$ 10.72	.035	\$ 40.32	\$ .37
PATHOLOGY	34	145	1,527.46	10.53	.032	44.93	.34
XO AND OTHERS	8	13	165.85	12.76	.003	20.73	.04
@ORGANIZED OUTPATIENT CLINIC	600	1,143	\$ 44,342.61	\$ 38.79	.252	\$ 73.90	\$ 9.79
CLINIC	1	2	88.46	44.23	.000	88.46	.02

SURGICENTER	16	49	4,736.70	96.67	.011	296.04	1.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	586	1,092	39,517.45	36.19	.241	67.44	8.73

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,396  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

4,529 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	637	31,980	\$ 179,370.01	\$ 5.61	7.061	\$ 281.59	\$ 39.60
DURABLE MED. EQUIP.	35	71	11,751.64	165.52	.016	335.76	2.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	23	24	4,211.44	175.48	.005	183.11	.93
MEDICAL TRANSPORTATION	126	13,456	58,505.73	4.35	2.971	464.33	12.92
AMBULANCES/AIR TRANS	7	53	773.29	14.59	.012	110.47	.17
OTHER TRANS	101	13,296	57,360.14	4.31	2.936	567.92	12.67
OTHER SERVICES	24	107	372.30	3.48	.024	15.51	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	14	1,377.75	98.41	.003	275.55	.30
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	83	182	2,231.45	12.26	.040	26.88	.49
PHYSICAL THERAPIST	1	26	388.48	14.94	.006	388.48	.09
PORTABLE X-RAY	37	56	34.32	.61	.012	.93	.01
PROSTHETIST/ORTHOTISTS	7	16	277.57	17.35	.004	39.65	.06
PROSTHETICS	7	16	277.57	17.35	.004	39.65	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	20.31	20.31	.000	20.31	.00
SPEECH AND AUDIOLOGY	36	88	5,318.67	60.44	.019	147.74	1.17
HOSPICE SERVICES	32	695	78,836.01	113.43	.153	2463.63	17.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	292	17,351	16,416.64	.95	3.831	56.22	3.62
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,294	35,830	\$ 350,510.40	\$ 9.78	7.911	\$ 270.87	\$ 77.39

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,397
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - BLIND	

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13	105	\$ 4,769.08	\$ 45.42	8.077	\$ 366.85	\$ 366.85
@PHYSICIANS SERVICES	1	1	\$ 24.00	\$ 24.00	.077	\$ 24.00	\$ 1.85
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		24.00	24.00	.077	24.00	1.85
@PHARMACY	12	75	\$	4,466.28	\$ 59.55	5.769	\$ 372.19	\$ 343.56
PRESCRIPTION DRUGS	12	63		4,379.48	69.52	4.846	364.96	336.88
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	12	63		4,379.48	69.52	4.846	364.96	336.88
MEDICAL SUPPLIES	4	12		86.80	7.23	.923	21.70	6.68
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024								
FEE-FOR-SERVICE/DENTAL								
YUBA COUNTY								
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND								
PAGE 18,398								
03/14/05								

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,399  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - BLIND

	13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,400  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - BLIND

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	29	\$ 278.80	\$ 9.61	2.231	\$ 21.45	\$ 21.45
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	8.79	8.79	.077	8.79	.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	28	270.01	9.64	2.154	22.50	20.77
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	12	41	\$ 380.81	\$ 9.29	3.154	\$ 31.73	\$ 29.29

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,401  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - DISABLED

2,678 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,825	64,119	\$ 2,811,231.96	\$ 43.84	23.943	\$ 995.13	\$ 1049.75
@PHYSICIANS SERVICES	684	2,965	\$ 103,715.27	\$ 34.98	1.107	\$ 151.63	\$ 38.73

OUTPATIENT VISITS	166	248	7,647.13	30.84	.093	46.07	2.86
OFFICE VISITS	137	203	6,295.20	31.01	.076	45.95	2.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	553.53	69.19	.003	69.19	.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	24	37	798.40	21.58	.014	33.27	.30
INPATIENT VISITS	64	483	17,278.60	35.77	.180	269.98	6.45
HOSPITAL VISITS	42	259	10,143.09	39.16	.097	241.50	3.79
CRITICAL CARE	10	51	4,520.45	88.64	.019	452.05	1.69
SNF/ICF/TRANS IP CARE	19	173	2,615.06	15.12	.065	137.63	.98
OPHTHALMOLOGICAL SERVICES	12	13	421.13	32.39	.005	35.09	.16
EXAMINATIONS	12	13	421.13	32.39	.005	35.09	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	34	237	22,299.57	94.09	.088	655.87	8.33
PRINCIPAL SURGEON	27	64	17,276.11	269.94	.024	639.86	6.45
ASSISTANT SURGEON	6	7	1,506.68	215.24	.003	251.11	.56
ANESTHESIOLOGIST	13	166	3,516.78	21.19	.062	270.52	1.31
OUTPATIENT SURGERY	46	102	9,672.03	94.82	.038	210.26	3.61
PRINCIPAL SURGEON	42	52	8,473.19	162.95	.019	201.74	3.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	50	1,198.84	23.98	.019	149.86	.45
DIALYSIS	16	44	3,793.24	86.21	.016	237.08	1.42
PATHOLOGY	31	107	3,945.32	36.87	.040	127.27	1.47
RADIOLOGY	146	361	16,300.77	45.15	.135	111.65	6.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	64	540.02	8.44	.024	49.09	.20
OTHER SERVICES/ALL X-OVERS	417	1,306	21,817.46	16.71	.488	52.32	8.15
@PHARMACY	2,117	20,871	\$ 1,179,885.67	\$ 56.53	7.794	\$ 557.34	\$ 440.58
PRESCRIPTION DRUGS	2,058	9,540	1,155,640.69	121.14	3.562	561.54	431.53
SNF/ICF	122	1,023	78,480.06	76.72	.382	643.28	29.31
OUTPATIENTS	1,937	8,517	1,077,160.63	126.47	3.180	556.10	402.23
MEDICAL SUPPLIES	266	11,331	24,244.98	2.14	4.231	91.15	9.05
@DENTIST	145	669	\$ 23,840.80	\$ 35.64	.250	\$ 164.42	\$ 8.90
VISITS - DIAGNOSTIC	89	400	3,735.75	9.34	.149	41.97	1.39
ORAL SURGERY	24	82	3,434.00	41.88	.031	143.08	1.28
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	9	908.00	100.89	.003	113.50	.34
ENDODONTICS	3	4	995.00	248.75	.001	331.67	.37
RESTORATIVE DENTISTRY	35	95	4,624.05	48.67	.035	132.12	1.73
PROSTHETICS	2	2	30.00	15.00	.001	15.00	.01
DENTURES, STAYPLATES	31	70	10,114.00	144.49	.026	326.26	3.78
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	7	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 18,402  
03/14/05

	2,678 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	71	208	\$	4,149.08	\$ 19.95	.078	\$ 58.44	\$ 1.55
DIAGNOSTIC AND ANC. PROCED	21	26		899.92	34.61	.010	42.85	.34

EYE APPLIANCES	57	170		2,803.00	16.49	.063	49.18	1.05
OTHER OPTOMETRIC SERVICES	10	12		446.16	37.18	.004	44.62	.17
@CHIROPRACTOR	5	5	\$	79.81	\$ 15.96	.002	\$ 15.96	\$ .03
VISITS	1	1		16.72	16.72	.000	16.72	.01
OTHER SERVICES	4	4		63.09	15.77	.001	15.77	.02
@PODIATRIST	31	35	\$	266.18	\$ 7.61	.013	\$ 8.59	\$ .10
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	31	35		266.18	7.61	.013	8.59	.10
@HOME HEALTH AGENCY	17	105	\$	7,513.81	\$ 71.56	.039	\$ 441.99	\$ 2.81
NURSE ANESTHESIST	2	6	\$	153.62	\$ 25.60	.002	\$ 76.81	\$ .06
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$ 24.00	.000	\$ 24.00	\$ .01
@TOTAL HOSPITAL	345	2,548	\$	545,343.96	\$ 214.03	.951	\$ 1580.71	\$ 203.64
HOSP INPATIENT TOTAL	68	312		479,900.25	1538.14	.117	7057.36	179.20
HSC HOSPITALS	14	132		162,476.00	1230.88	.049	11605.43	60.67
NON-HSC HOSPITAL TOTAL	29	180		296,687.52	1648.26	.067	10230.60	110.79
ACCOMMODATIONS	29	180		92,728.00	515.16	.067	3197.52	34.63
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	180		92,728.00	515.16	.067	3197.52	34.63
ANCILLARIES	29	0		203,959.52	.00	.000	7033.09	76.16
INPATIENT CROSSOVERS	25	0		20,736.73	.00	.000	829.47	7.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	296	2,236		65,443.71	29.27	.835	221.09	24.44
MEDICAL	82	540		18,138.87	33.59	.202	221.21	6.77
SURGERY	23	29		1,304.91	45.00	.011	56.74	.49
PATHOLOGY	111	742		8,196.11	11.05	.277	73.84	3.06
RADIOLOGY	73	148		11,953.84	80.77	.055	163.75	4.46
ROOM USE	82	154		6,506.62	42.25	.058	79.35	2.43
CROSSOVERS/ALL OTH OUTPTNT	151	623		19,343.36	31.05	.233	128.10	7.22
@COUNTY HOSPITAL TOTAL	4	35	\$	41,942.39	\$ 1198.35	.013	\$ 10485.60	\$ 15.66
CO HOSPITAL INPATIENT TOTAL	1	31		41,912.00	1352.00	.012	41912.00	15.65
HSC HOSPITALS	1	31		41,912.00	1352.00	.012	41912.00	15.65
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	4		30.39	7.60	.001	10.13	.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	4		30.39	7.60	.001	10.13	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,403  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - DISABLED

2,678 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	342	2,513	\$	503,401.57	\$ 200.32	.938	\$ 1471.93	\$ 187.98
COMM HOSP INPATIENT TOTAL	67	281		437,988.25	1558.68	.105	6537.14	163.55
HSC HOSPITALS	13	101		120,564.00	1193.70	.038	9274.15	45.02
NON-HSC HOSPITALS TOTAL	29	180		296,687.52	1648.26	.067	10230.60	110.79
ACCOMMODATIONS	29	180		92,728.00	515.16	.067	3197.52	34.63
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	180		92,728.00	515.16	.067	3197.52	34.63
ANCILLARIES	29	0		203,959.52	.00	.000	7033.09	76.16
INPATIENT CROSSOVERS	25	0		20,736.73	.00	.000	829.47	7.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	294	2,232		65,413.32	29.31	.833	222.49	24.43
MEDICAL	82	540		18,138.87	33.59	.202	221.21	6.77
SURGERY	23	29		1,304.91	45.00	.011	56.74	.49
PATHOLOGY	111	742		8,196.11	11.05	.277	73.84	3.06
RADIOLOGY	73	148		11,953.84	80.77	.055	163.75	4.46
ROOM USE	82	154		6,506.62	42.25	.058	79.35	2.43
CROSSOVERS/ALL OTH OUTPTNT	149	619		19,312.97	31.20	.231	129.62	7.21
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	75	2,235	\$	488,557.55	\$ 218.59	.835	\$ 6514.10	\$ 182.43
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	4	122		12,665.04	103.81	.046	3166.26	4.73
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	366		224,693.32	613.92	.137	24965.92	83.90
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	62	1,747		251,199.19	143.79	.652	4051.60	93.80
@INTERMEDIATE CARE FACIL.-DD	48	1,462	\$	256,317.81	\$ 175.32	.546	\$ 5339.95	\$ 95.71
ICF DDH	24	730		115,298.20	157.94	.273	4804.09	43.05
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	24	732		141,019.61	192.65	.273	5875.82	52.66
@HEMODIALYSIS TOTAL	34	3,140	\$	67,681.73	\$ 21.55	1.173	\$ 1990.64	\$ 25.27
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	34	3,140		67,681.73	21.55	1.173	1990.64	25.27
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	105	510	\$	6,305.66	\$ 12.36	.190	\$ 60.05	\$ 2.35
PATHOLOGY	105	510		6,305.66	12.36	.190	60.05	2.35
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	573	1,105	\$	66,201.00	\$ 59.91	.413	\$ 115.53	\$ 24.72
CLINIC	7	8		224.48	28.06	.003	32.07	.08
SURGICENTER	9	30		1,818.17	60.61	.011	202.02	.68
HEROIN DETOX CLINIC	1	8		111.49	13.94	.003	111.49	.04
RURAL HEALTH CLINIC	562	1,059		64,046.86	60.48	.395	113.96	23.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

PAGE 18,404  
03/14/05

2,678 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	347	28,254	\$	61,196.01	\$ 2.17	10.550	\$ 176.36	\$ 22.85
DURABLE MED. EQUIP.	16	33		4,178.62	126.62	.012	261.16	1.56
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	5	6	284.52	47.42	.002	56.90	.11
MEDICAL TRANSPORTATION	51	867	8,435.09	9.73	.324	165.39	3.15
AMBULANCES/AIR TRANS	38	314	5,736.67	18.27	.117	150.97	2.14
OTHER TRANS	6	511	2,575.01	5.04	.191	429.17	.96
OTHER SERVICES	10	42	123.41	2.94	.016	12.34	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	117	6,952.59	59.42	.044	632.05	2.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	59	137	1,498.86	10.94	.051	25.40	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	4	2.11	.53	.001	.53	.00
PROSTHETIST/ORTHOTISTS	16	37	4,815.76	130.16	.014	300.99	1.80
PROSTHETICS	16	37	4,815.76	130.16	.014	300.99	1.80
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	76	2,637.91	34.71	.028	131.90	.99
HOSPICE SERVICES	8	129	14,322.95	111.03	.048	1790.37	5.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	2,718	5,913.38	2.18	1.015	492.78	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	177	24,130	12,154.22	.50	9.010	68.67	4.54
@CALIF. CHILDREN SERVICES*	8	13	\$ 1,158.12	\$ 89.09	.005	\$ 144.77	\$ .43
@XOVER EXCLUDING STATE HOSP**	634	3,586	\$ 82,497.08	\$ 23.01	1.339	\$ 130.12	\$ 30.81

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL

PAGE 18,405  
03/14/05

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

67,194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34,949	167,681	\$ 10,835,052.35	\$ 64.62	2.495	\$ 310.02	\$ 161.25
@PHYSICIANS SERVICES	7,866	23,271	\$ 999,118.46	\$ 42.93	.346	\$ 127.02	\$ 14.87
OUTPATIENT VISITS	3,782	5,037	199,617.68	39.63	.075	52.78	2.97
OFFICE VISITS	3,158	4,119	140,212.33	34.04	.061	44.40	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	233	257	14,295.68	55.63	.004	61.35	.21
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	337	537	41,671.96	77.60	.008	123.66	.62
OTHER OUTPATIENT	114	123	3,400.32	27.64	.002	29.83	.05
INPATIENT VISITS	412	1,221	83,978.34	68.78	.018	203.83	1.25
HOSPITAL VISITS	384	895	38,888.96	43.45	.013	101.27	.58
CRITICAL CARE	61	325	45,035.30	138.57	.005	738.28	.67
SNF/ICF/TRANS IP CARE	1	1	54.08	54.08	.000	54.08	.00
OPHTHALMOLOGICAL SERVICES	187	244	10,103.51	41.41	.004	54.03	.15
EXAMINATIONS	185	242	10,058.51	41.56	.004	54.37	.15
SERVICES AND MATERIALS	2	2	45.00	22.50	.000	22.50	.00
INPATIENT HOSPITAL SURGERY	532	2,430	302,177.75	124.35	.036	568.00	4.50
PRINCIPAL SURGEON	340	419	245,776.24	586.58	.006	722.87	3.66
ASSISTANT SURGEON	75	75	13,443.49	179.25	.001	179.25	.20
ANESTHESIOLOGIST	216	1,936	42,958.02	22.19	.029	198.88	.64
OUTPATIENT SURGERY	567	1,339	112,815.19	84.25	.020	198.97	1.68
PRINCIPAL SURGEON	485	654	95,305.66	145.73	.010	196.51	1.42
ASSISTANT SURGEON	8	8	1,000.19	125.02	.000	125.02	.01
ANESTHESIOLOGIST	126	677	16,509.34	24.39	.010	131.03	.25
DIALYSIS	3	21	869.50	41.40	.000	289.83	.01
PATHOLOGY	248	384	5,700.69	14.85	.006	22.99	.08
RADIOLOGY	3,108	4,900	174,272.75	35.57	.073	56.07	2.59
PSYCHIATRY	3	3	98.94	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	177	528	8,332.48	15.78	.008	47.08	.12
OTHER SERVICES/ALL X-OVERS	1,468	7,164	101,151.63	14.12	.107	68.90	1.51
@PHARMACY	16,073	40,926	\$ 2,413,116.78	\$ 58.96	.609	\$ 150.13	\$ 35.91
PRESCRIPTION DRUGS	15,965	39,051	2,388,524.11	61.16	.581	149.61	35.55
SNF/ICF	1	1	29.33	29.33	.000	29.33	.00
OUTPATIENTS	15,964	39,050	2,388,494.78	61.17	.581	149.62	35.55
MEDICAL SUPPLIES	404	1,875	24,592.67	13.12	.028	60.87	.37
@DENTIST	2,884	14,577	\$ 506,364.76	\$ 34.74	.217	\$ 175.58	\$ 7.54
VISITS - DIAGNOSTIC	1,962	9,146	130,851.51	14.31	.136	66.69	1.95
ORAL SURGERY	475	1,103	66,604.75	60.39	.016	140.22	.99
DRUGS	73	75	1,805.00	24.07	.001	24.73	.03
ANESTHESIA	41	52	4,106.00	78.96	.001	100.15	.06
PERIODONTICS	92	98	10,145.50	103.53	.001	110.28	.15
ENDODONTICS	222	512	67,583.50	132.00	.008	304.43	1.01
RESTORATIVE DENTISTRY	982	2,927	172,140.25	58.81	.044	175.30	2.56
PROSTHETICS	16	16	300.00	18.75	.000	18.75	.00
DENTURES, STAYPLATES	68	213	30,036.00	141.01	.003	441.71	.45
SPACE MAINTAINERS	19	25	3,040.00	121.60	.000	160.00	.05
MAXILLOFACIAL SERVICES	4	4	246.00	61.50	.000	61.50	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	187	235	17,431.25	74.18	.003	93.22	.26
ALL OTHER SERVICES	118	170	1,275.00	7.50	.003	10.81	.02

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

67,194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	715	2,065	\$ 45,258.18	\$ 21.92	.031	\$ 63.30	\$ .67
DIAGNOSTIC AND ANC. PROCED	525	602	23,539.82	39.10	.009	44.84	.35
EYE APPLIANCES	525	1,459	21,538.16	14.76	.022	41.03	.32
OTHER OPTOMETRIC SERVICES	5	4	180.20	45.05	.000	36.04	.00
@CHIROPRACTOR	249	547	\$ 8,857.42	\$ 16.19	.008	\$ 35.57	\$ .13
VISITS	249	547	8,857.42	16.19	.008	35.57	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	10	\$ 327.00	\$ 32.70	.000	\$ 40.88	\$ .00
MEDICINE/INJECTIONS	8	9	309.70	34.41	.000	38.71	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	339	879	\$ 52,663.92	\$ 59.91	.013	\$ 155.35	\$ .78
NURSE ANESTHESIST	21	223	\$ 2,440.53	\$ 10.94	.003	\$ 116.22	\$ .04
NURSE MIDWIFE	75	104	\$ 56,523.74	\$ 543.50	.002	\$ 753.65	\$ .84
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	489	1,039	\$ 17,883.25	\$ 17.21	.015	\$ 36.57	\$ .27
@TOTAL HOSPITAL	5,466	26,614	\$ 4,414,715.08	\$ 165.88	.396	\$ 807.67	\$ 65.70
HOSP INPATIENT TOTAL	580	2,520	3,673,025.64	1457.55	.038	6332.80	54.66
HSC HOSPITALS	105	732	1,012,985.84	1383.86	.011	9647.48	15.08
NON-HSC HOSPITAL TOTAL	480	1,788	2,657,713.59	1486.42	.027	5536.90	39.55
ACCOMMODATIONS	480	1,788	806,466.73	451.04	.027	1680.14	12.00
ADMINISTRATIVE DAYS	1	31	6,870.84	221.64	.000	6870.84	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	479	1,757	799,595.89	455.09	.026	1669.30	11.90
ANCILLARIES	478	0	1,851,246.86	.00	.000	3872.90	27.55
INPATIENT CROSSOVERS	4	0	2,326.21	.00	.000	581.55	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,115	24,094	741,689.44	30.78	.359	145.00	11.04
MEDICAL	1,620	2,428	128,170.29	52.79	.036	79.12	1.91
SURGERY	468	570	32,172.44	56.44	.008	68.74	.48
PATHOLOGY	2,010	8,233	103,103.68	12.52	.123	51.30	1.53
RADIOLOGY	2,207	2,968	193,144.92	65.08	.044	87.51	2.87
ROOM USE	2,710	3,826	149,619.68	39.11	.057	55.21	2.23
CROSSOVERS/ALL OTH OUTPTNT	1,806	6,069	135,478.43	22.32	.090	75.02	2.02
@COUNTY HOSPITAL TOTAL	16	118	\$ 13,957.56	\$ 118.28	.002	\$ 872.35	\$ .21
CO HOSPITAL INPATIENT TOTAL	3	9	10,650.02	1183.34	.000	3550.01	.16
HSC HOSPITALS	3	9	10,650.02	1183.34	.000	3550.01	.16
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	109	3,307.54	30.34	.002	220.50	.05
MEDICAL	3	4	317.37	79.34	.000	105.79	.00
SURGERY	5	8	342.73	42.84	.000	68.55	.01
PATHOLOGY	6	50	719.20	14.38	.001	119.87	.01
RADIOLOGY	3	4	345.08	86.27	.000	115.03	.01
ROOM USE	13	23	1,304.95	56.74	.000	100.38	.02

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
67,194 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,451	26,496	\$ 4,400,757.52	\$ 166.09	.394	\$ 807.33	\$ 65.49
COMM HOSP INPATIENT TOTAL	577	2,511	3,662,375.62	1458.53	.037	6347.27	54.50
HSC HOSPITALS	102	723	1,002,335.82	1386.36	.011	9826.82	14.92
NON-HSC HOSPITALS TOTAL	480	1,788	2,657,713.59	1486.42	.027	5536.90	39.55
ACCOMMODATIONS	480	1,788	806,466.73	451.04	.027	1680.14	12.00
ADMINISTRATIVE DAYS	1	31	6,870.84	221.64	.000	6870.84	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	479	1,757	799,595.89	455.09	.026	1669.30	11.90
ANCILLARIES	478	0	1,851,246.86	.00	.000	3872.90	27.55
INPATIENT CROSSOVERS	4	0	2,326.21	.00	.000	581.55	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,100	23,985	738,381.90	30.79	.357	144.78	10.99
MEDICAL	1,617	2,424	127,852.92	52.74	.036	79.07	1.90
SURGERY	463	562	31,829.71	56.64	.008	68.75	.47
PATHOLOGY	2,004	8,183	102,384.48	12.51	.122	51.09	1.52
RADIOLOGY	2,204	2,964	192,799.84	65.05	.044	87.48	2.87
ROOM USE	2,697	3,803	148,314.73	39.00	.057	54.99	2.21
CROSSOVERS/ALL OTH OUTPTNT	1,799	6,049	135,200.22	22.35	.090	75.15	2.01
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	7	\$ 839.00	\$ 119.86	.000	\$ 839.00	\$ .01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	7	839.00	119.86	.000	839.00	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	120	\$ 12,479.46	\$ 104.00	.002	\$ 1247.95	\$ .19
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	120	12,479.46	104.00	.002	1247.95	.19
@REHABILITATION FACILITY	11	21	\$ 956.58	\$ 45.55	.000	\$ 86.96	\$ .01
HOSPITAL BASED	11	21	956.58	45.55	.000	86.96	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,923	9,805	\$ 135,741.92	\$ 13.84	.146	\$ 46.44	\$ 2.02
PATHOLOGY	2,923	9,805	135,741.92	13.84	.146	46.44	2.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13,495	22,934	\$ 1,898,512.18	\$ 82.78	.341	\$ 140.68	\$ 28.25
CLINIC	570	2,143	50,203.87	23.43	.032	88.08	.75
SURGICENTER	52	256	10,606.70	41.43	.004	203.98	.16
HEROIN DETOX CLINIC	3	40	521.79	13.04	.001	173.93	.01
RURAL HEALTH CLINIC	12,963	20,495	1,837,179.82	89.64	.305	141.72	27.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,408
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						



67,194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,281	24,539	\$ 269,254.09	\$ 10.97	.365	\$ 82.06	\$ 4.01
DURABLE MED. EQUIP.	198	437	30,040.09	68.74	.007	151.72	.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	12	943.12	78.59	.000	117.89	.01
MEDICAL TRANSPORTATION	390	4,444	85,296.11	19.19	.066	218.71	1.27
AMBULANCES/AIR TRANS	381	3,910	58,821.92	15.04	.058	154.39	.88
OTHER TRANS	6	512	3,420.18	6.68	.008	570.03	.05
OTHER SERVICES	20	22	23,054.01	1047.91	.000	1152.70	.34
ACUPUNCTURE	11	23	364.95	15.87	.000	33.18	.01
ADULT DAY HEALTH CARE CTR	1	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,710.00	105.00	.002	105.00	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	608	1,319	12,416.21	9.41	.020	20.42	.18
PHYSICAL THERAPIST	32	230	3,390.55	14.74	.003	105.95	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	60	109	12,306.55	112.90	.002	205.11	.18
PROSTHETICS	60	109	12,306.55	112.90	.002	205.11	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	121	236	10,844.28	45.95	.004	89.62	.16
HOSPICE SERVICES	3	11	1,381.38	125.58	.000	460.46	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,679	9,285	94,456.11	10.17	.138	56.26	1.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	150	8,331	7,104.74	.85	.124	47.36	.11
@CALIF. CHILDREN SERVICES*	171	5,384	\$ 561,527.52	\$ 104.30	.080	\$ 3283.79	\$ 8.36
@XOVER EXCLUDING STATE HOSP**	110	426	\$ 17,330.77	\$ 40.68	.006	\$ 157.55	\$ .26

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 YUBA COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PAGE 18,409  
 03/14/05

74,414 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	42,236	345,988	\$ 19,494,466.21	\$ 56.34	4.650	\$ 461.56	\$ 261.97
@PHYSICIANS SERVICES	9,343	28,962	\$ 1,150,667.28	\$ 39.73	.389	\$ 123.16	\$ 15.46
OUTPATIENT VISITS	3,996	5,345	209,471.06	39.19	.072	52.42	2.81
OFFICE VISITS	3,338	4,376	148,506.39	33.94	.059	44.49	2.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	242	266	14,917.56	56.08	.004	61.64	.20
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	337	537	41,671.96	77.60	.007	123.66	.56
OTHER OUTPATIENT	143	165	4,337.76	26.29	.002	30.33	.06
INPATIENT VISITS	482	1,731	102,358.50	59.13	.023	212.36	1.38
HOSPITAL VISITS	431	1,180	50,106.11	42.46	.016	116.26	.67
CRITICAL CARE	71	376	49,555.75	131.80	.005	697.97	.67
SNF/ICF/TRANS IP CARE	21	175	2,696.64	15.41	.002	128.41	.04
OPHTHALMOLOGICAL SERVICES	222	288	11,632.44	40.39	.004	52.40	.16

EXAMINATIONS	220	286		11,587.44		40.52	.004	52.67	.16
SERVICES AND MATERIALS	2	2		45.00		22.50	.000	22.50	.00
INPATIENT HOSPITAL SURGERY	571	2,693		327,874.07		121.75	.036	574.21	4.41
PRINCIPAL SURGEON	370	486		265,962.40		547.25	.007	718.82	3.57
ASSISTANT SURGEON	82	82		14,950.17		182.32	.001	182.32	.20
ANESTHESIOLOGIST	231	2,125		46,961.50		22.10	.029	203.30	.63
OUTPATIENT SURGERY	620	1,451		126,142.26		86.93	.019	203.46	1.70
PRINCIPAL SURGEON	534	716		107,433.89		150.05	.010	201.19	1.44
ASSISTANT SURGEON	8	8		1,000.19		125.02	.000	125.02	.01
ANESTHESIOLOGIST	134	727		17,708.18		24.36	.010	132.15	.24
DIALYSIS	19	65		4,662.74		71.73	.001	245.41	.06
PATHOLOGY	279	491		9,646.01		19.65	.007	34.57	.13
RADIOLOGY	3,313	5,383		194,667.03		36.16	.072	58.76	2.62
PSYCHIATRY	3	3		98.94		32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	189	593		8,874.76		14.97	.008	46.96	.12
OTHER SERVICES/ALL X-OVERS	2,580	10,919		155,239.47		14.22	.147	60.17	2.09
@PHARMACY	21,600	101,098	\$	4,883,024.10	\$	48.30	1.359	\$ 226.07	\$ 65.62
PRESCRIPTION DRUGS	21,376	66,832		4,814,056.22		72.03	.898	225.21	64.69
SNF/ICF	1,300	11,182		667,046.71		59.65	.150	513.11	8.96
OUTPATIENTS	20,102	55,650		4,147,009.51		74.52	.748	206.30	55.73
MEDICAL SUPPLIES	910	34,266		68,967.88		2.01	.460	75.79	.93
@DENTIST	3,194	15,855	\$	567,490.56	\$	35.79	.213	\$ 177.67	\$ 7.63
VISITS - DIAGNOSTIC	2,166	9,897		140,076.26		14.15	.133	64.67	1.88
ORAL SURGERY	519	1,264		75,259.75		59.54	.017	145.01	1.01
DRUGS	73	75		1,805.00		24.07	.001	24.73	.02
ANESTHESIA	41	52		4,106.00		78.96	.001	100.15	.06
PERIODONTICS	105	113		11,662.50		103.21	.002	111.07	.16
ENDODONTICS	228	519		69,238.50		133.41	.007	303.68	.93
RESTORATIVE DENTISTRY	1,039	3,096		182,766.30		59.03	.042	175.91	2.46
PROSTHETICS	19	19		330.00		17.37	.000	17.37	.00
DENTURES, STAYPLATES	141	376		59,454.00		158.12	.005	421.66	.80
SPACE MAINTAINERS	19	25		3,040.00		121.60	.000	160.00	.04

MAXILLOFACIAL SERVICES	4	4	246.00	61.50	.000	61.50	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	187	235	17,431.25	74.18	.003	93.22	.23
ALL OTHER SERVICES	130	179	1,275.00	7.12	.002	9.81	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,410  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

74,414 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	879	2,520	\$ 54,088.83	\$ 21.46	.034	\$ 61.53	\$ .73
DIAGNOSTIC AND ANC. PROCED	572	658	25,307.47	38.46	.009	44.24	.34
EYE APPLIANCES	650	1,830	27,755.95	15.17	.025	42.70	.37
OTHER OPTOMETRIC SERVICES	27	32	1,025.41	32.04	.000	37.98	.01
@CHIROPRACTOR	258	561	\$ 9,008.42	\$ 16.06	.008	\$ 34.92	\$ .12
VISITS	250	548	8,874.14	16.19	.007	35.50	.12
OTHER SERVICES	8	13	134.28	10.33	.000	16.79	.00
@PODIATRIST	109	133	\$ 1,144.58	\$ 8.61	.002	\$ 10.50	\$ .02
MEDICINE/INJECTIONS	8	9	309.70	34.41	.000	38.71	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	101	123	817.58	6.65	.002	8.09	.01
@HOME HEALTH AGENCY	359	1,005	\$ 61,550.66	\$ 61.24	.014	\$ 171.45	\$ .83
NURSE ANESTHESIST	24	236	\$ 2,616.32	\$ 11.09	.003	\$ 109.01	\$ .04
NURSE MIDWIFE	75	104	\$ 56,523.74	\$ 543.50	.001	\$ 753.65	\$ .76
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	492	1,044	\$ 17,962.11	\$ 17.21	.014	\$ 36.51	\$ .24
@TOTAL HOSPITAL	6,095	30,070	\$ 5,094,005.97	\$ 169.40	.404	\$ 835.77	\$ 68.45
HOSP INPATIENT TOTAL	740	2,859	4,259,664.89	1489.91	.038	5756.30	57.24
HSC HOSPITALS	121	872	1,185,055.99	1359.01	.012	9793.85	15.93
NON-HSC HOSPITAL TOTAL	514	1,987	2,983,187.78	1501.35	.027	5803.87	40.09
ACCOMMODATIONS	514	1,987	907,913.30	456.93	.027	1766.37	12.20
ADMINISTRATIVE DAYS	1	31	6,870.84	221.64	.000	6870.84	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	513	1,956	901,042.46	460.66	.026	1756.42	12.11
ANCILLARIES	512	0	2,075,274.48	.00	.000	4053.27	27.89
INPATIENT CROSSOVERS	114	0	91,421.12	.00	.000	801.94	1.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,610	27,211	834,341.08	30.66	.366	148.72	11.21
MEDICAL	1,718	2,989	147,449.95	49.33	.040	85.83	1.98
SURGERY	495	604	33,739.45	55.86	.008	68.16	.45
PATHOLOGY	2,148	9,101	112,521.31	12.36	.122	52.38	1.51
RADIOLOGY	2,305	3,155	209,349.23	66.35	.042	90.82	2.81
ROOM USE	2,814	4,004	157,164.77	39.25	.054	55.85	2.11
CROSSOVERS/ALL OTH OUTPTNT	2,110	7,358	174,116.37	23.66	.099	82.52	2.34
@COUNTY HOSPITAL TOTAL	20	153	\$ 55,899.95	\$ 365.36	.002	\$ 2795.00	\$ .75
CO HOSPITAL INPATIENT TOTAL	4	40	52,562.02	1314.05	.001	13140.51	.71
HSC HOSPITALS	4	40	52,562.02	1314.05	.001	13140.51	.71
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	18	113	3,337.93	29.54	.002	185.44	.04
MEDICAL	3	4	317.37	79.34	.000	105.79	.00
SURGERY	5	8	342.73	42.84	.000	68.55	.00
PATHOLOGY	6	50	719.20	14.38	.001	119.87	.01
RADIOLOGY	3	4	345.08	86.27	.000	115.03	.00
ROOM USE	13	23	1,304.95	56.74	.000	100.38	.02
CROSSOVERS/ALL OTH OUTPTNT	10	24	308.60	12.86	.000	30.86	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,411  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

74,414 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,077	29,917	\$	5,038,106.02	\$ 168.40	.402	\$ 829.04	\$ 67.70
COMM HOSP INPATIENT TOTAL	736	2,819		4,207,102.87	1492.41	.038	5716.17	56.54
HSC HOSPITALS	117	832		1,132,493.97	1361.17	.011	9679.44	15.22
NON-HSC HOSPITALS TOTAL	514	1,987		2,983,187.78	1501.35	.027	5803.87	40.09
ACCOMMODATIONS	514	1,987		907,913.30	456.93	.027	1766.37	12.20
ADMINISTRATIVE DAYS	1	31		6,870.84	221.64	.000	6870.84	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	513	1,956		901,042.46	460.66	.026	1756.42	12.11
ANCILLARIES	512	0		2,075,274.48	.00	.000	4053.27	27.89
INPATIENT CROSSOVERS	114	0		91,421.12	.00	.000	801.94	1.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,593	27,098		831,003.15	30.67	.364	148.58	11.17
MEDICAL	1,715	2,985		147,132.58	49.29	.040	85.79	1.98
SURGERY	490	596		33,396.72	56.03	.008	68.16	.45
PATHOLOGY	2,142	9,051		111,802.11	12.35	.122	52.20	1.50
RADIOLOGY	2,302	3,151		209,004.15	66.33	.042	90.79	2.81
ROOM USE	2,801	3,981		155,859.82	39.15	.053	55.64	2.09
CROSSOVERS/ALL OTH OUTPTNT	2,101	7,334		173,807.77	23.70	.099	82.73	2.34
@STATE HOSPITAL	8	233	\$	139,197.74	\$ 597.42	.003	\$ 17399.72	\$ 1.87
MENTALLY ILL	8	233		139,197.74	597.42	.003	17399.72	1.87
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,323	38,889	\$	4,414,539.14	\$ 113.52	.523	\$ 3336.76	\$ 59.32
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	8	244		25,941.08	106.32	.003	3242.64	.35
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	366		224,693.32	613.92	.005	24965.92	3.02
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,306	38,279		4,163,904.74	108.78	.514	3188.29	55.96
@INTERMEDIATE CARE FACIL.-DD	48	1,462	\$	256,317.81	\$ 175.32	.020	\$ 5339.95	\$ 3.44
ICF DDH	24	730		115,298.20	157.94	.010	4804.09	1.55
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	24	732		141,019.61	192.65	.010	5875.82	1.90
@HEMODIALYSIS TOTAL	109	3,338	\$	122,476.78	\$ 36.69	.045	\$ 1123.64	\$ 1.65
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	109	3,338		122,476.78	36.69	.045	1123.64	1.65
@REHABILITATION FACILITY	11	21	\$	956.58	\$ 45.55	.000	\$ 86.96	\$ .01
HOSPITAL BASED	11	21		956.58	45.55	.000	86.96	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3,070	10,473	\$	143,740.89	\$ 13.72	.141	\$ 46.82	\$ 1.93
PATHOLOGY	3,062	10,460		143,575.04	13.73	.141	46.89	1.93
XO AND OTHERS	8	13		165.85	12.76	.000	20.73	.00
@ORGANIZED OUTPATIENT CLINIC	14,668	25,182	\$	2,009,055.79	\$ 79.78	.338	\$ 136.97	\$ 27.00
CLINIC	578	2,153		50,516.81	23.46	.029	87.40	.68

SURGICENTER	77	335	17,161.57	51.23	.005	222.88	.23
HEROIN DETOX CLINIC	4	48	633.28	13.19	.001	158.32	.01
RURAL HEALTH CLINIC	14,111	22,646	1,940,744.13	85.70	.304	137.53	26.08

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,412  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
74,414 ELIGIBLES							
@ALL OTHER PROVIDERS	4,278	84,802	\$ 510,098.91	\$ 6.02	1.140	\$ 119.24	\$ 6.85
DURABLE MED. EQUIP.	249	541	45,970.35	84.97	.007	184.62	.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	36	42	5,439.08	129.50	.001	151.09	.07
MEDICAL TRANSPORTATION	567	18,767	152,236.93	8.11	.252	268.50	2.05
AMBULANCES/AIR TRANS	426	4,277	65,331.88	15.28	.057	153.36	.88
OTHER TRANS	113	14,319	63,355.33	4.42	.192	560.67	.85
OTHER SERVICES	54	171	23,549.72	137.72	.002	436.11	.32
ACUPUNCTURE	11	23	364.95	15.87	.000	33.18	.00
ADULT DAY HEALTH CARE CTR	1	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,710.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	16	131	8,330.34	63.59	.002	520.65	.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	750	1,638	16,146.52	9.86	.022	21.53	.22
PHYSICAL THERAPIST	33	256	3,779.03	14.76	.003	114.52	.05
PORTABLE X-RAY	41	60	36.43	.61	.001	.89	.00
PROSTHETIST/ORTHOTISTS	83	162	17,399.88	107.41	.002	209.64	.23
PROSTHETICS	83	162	17,399.88	107.41	.002	209.64	.23
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	20.31	20.31	.000	20.31	.00
SPEECH AND AUDIOLOGY	177	400	18,800.86	47.00	.005	106.22	.25
HOSPICE SERVICES	43	835	94,540.34	113.22	.011	2198.61	1.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,692	12,004	100,378.28	8.36	.161	59.33	1.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	631	49,840	35,945.61	.72	.670	56.97	.48
@CALIF. CHILDREN SERVICES*	179	5,397	\$ 562,685.64	\$ 104.26	.073	\$ 3143.50	\$ 7.56
@XOVER EXCLUDING STATE HOSP**	2,050	39,883	\$ 450,719.06	\$ 11.30	.536	\$ 219.86	\$ 6.06

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,413
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
8,280 ELIGIBLES							
@TOTAL, ALL PROVIDERS	4,837	24,819	\$ 1,002,686.47	\$ 40.40	2.997	\$ 207.30	\$ 121.10
@PHYSICIANS SERVICES	852	2,189	\$ 82,559.35	\$ 37.72	.264	\$ 96.90	\$ 9.97
OUTPATIENT VISITS	476	617	24,675.99	39.99	.075	51.84	2.98
OFFICE VISITS	395	511	17,980.52	35.19	.062	45.52	2.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	42	2,213.61	52.71	.005	55.34	.27
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.01
OB VISITS/COMPRE PERI	31	41	3,790.65	92.45	.005	122.28	.46

OTHER OUTPATIENT	18	22	647.36	29.43	.003	35.96	.08
INPATIENT VISITS	46	125	8,290.33	66.32	.015	180.22	1.00
HOSPITAL VISITS	44	103	5,067.21	49.20	.012	115.16	.61
CRITICAL CARE	2	22	3,223.12	146.51	.003	1611.56	.39
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	32	41	1,732.49	42.26	.005	54.14	.21
EXAMINATIONS	31	40	1,712.49	42.81	.005	55.24	.21
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	43	198	23,163.63	116.99	.024	538.69	2.80
PRINCIPAL SURGEON	25	29	17,756.01	612.28	.004	710.24	2.14
ASSISTANT SURGEON	8	8	1,106.99	138.37	.001	138.37	.13
ANESTHESIOLOGIST	19	161	4,300.63	26.71	.019	226.35	.52
OUTPATIENT SURGERY	51	127	7,157.29	56.36	.015	140.34	.86
PRINCIPAL SURGEON	46	60	5,574.46	92.91	.007	121.18	.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	67	1,582.83	23.62	.008	131.90	.19
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	31	50	336.88	6.74	.006	10.87	.04
RADIOLOGY	270	385	9,951.66	25.85	.046	36.86	1.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	16	491.09	30.69	.002	44.64	.06
OTHER SERVICES/ALL X-OVERS	108	630	6,759.99	10.73	.076	62.59	.82
@PHARMACY	2,041	7,311	\$ 218,547.92	\$ 29.89	.883	\$ 107.08	\$ 26.39
PRESCRIPTION DRUGS	2,035	4,299	212,058.79	49.33	.519	104.21	25.61
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,035	4,299	212,058.79	49.33	.519	104.21	25.61
MEDICAL SUPPLIES	34	3,012	6,489.13	2.15	.364	190.86	.78
@DENTIST	317	1,744	\$ 49,459.58	\$ 28.36	.211	\$ 156.02	\$ 5.97
VISITS - DIAGNOSTIC	239	1,274	19,228.30	15.09	.154	80.45	2.32
ORAL SURGERY	36	54	4,507.14	83.47	.007	125.20	.54
DRUGS	13	17	323.75	19.04	.002	24.90	.04
ANESTHESIA	1	2	200.00	100.00	.000	200.00	.02
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	15	25	3,716.00	148.64	.003	247.73	.45
RESTORATIVE DENTISTRY	111	313	15,254.80	48.74	.038	137.43	1.84
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS	1	2	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	3	3,541.59	1180.53	.000	3541.59	.43
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	25	34	2,325.00	68.38	.004	93.00	.28
ALL OTHER SERVICES	9	13	75.00	5.77	.002	8.33	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,414
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W						

		----- MONTHLY AVERAGE -----							
8,280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	80	236	\$ 5,043.40	\$ 21.37	.029	\$ 63.04	\$ .61		
DIAGNOSTIC AND ANC. PROCED	59	74	2,695.26	36.42	.009	45.68	.33		
EYE APPLIANCES	54	157	2,232.71	14.22	.019	41.35	.27		
OTHER OPTOMETRIC SERVICES	4	5	115.43	23.09	.001	28.86	.01		
@CHIROPRACTOR	8	18	\$ 296.78	\$ 16.49	.002	\$ 37.10	\$ .04		
VISITS	8	18	296.78	16.49	.002	37.10	.04		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	18	34	\$	1,754.03	\$ 51.59	.004	\$ 97.45	\$ .21
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	4	9	\$	2,394.96	\$ 266.11	.001	\$ 598.74	\$ .29
PEDIATRIC NURSE PRACTITIONER	1	1	\$	108.80	\$ 108.80	.000	\$ 108.80	\$ .01
FAMILY NURSE PRACTITIONER	15	37	\$	590.09	\$ 15.95	.004	\$ 39.34	\$ .07
@TOTAL HOSPITAL	547	2,351	\$	305,492.17	\$ 129.94	.284	\$ 558.49	\$ 36.90
HOSP INPATIENT TOTAL	45	166		240,837.73	1450.83	.020	5351.95	29.09
HSC HOSPITALS	13	71		95,903.53	1350.75	.009	7377.19	11.58
NON-HSC HOSPITAL TOTAL	33	95		144,934.20	1525.62	.011	4391.95	17.50
ACCOMMODATIONS	33	95		51,493.64	542.04	.011	1560.41	6.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	95		51,493.64	542.04	.011	1560.41	6.22
ANCILLARIES	33	0		93,440.56	.00	.000	2831.53	11.29
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	514	2,185		64,654.44	29.59	.264	125.79	7.81
MEDICAL	178	266		14,694.05	55.24	.032	82.55	1.77
SURGERY	40	46		1,941.41	42.20	.006	48.54	.23
PATHOLOGY	220	885		12,057.46	13.62	.107	54.81	1.46
RADIOLOGY	228	275		14,448.62	52.54	.033	63.37	1.75
ROOM USE	291	373		14,210.25	38.10	.045	48.83	1.72
CROSSOVERS/ALL OTH OUTPTNT	144	340		7,302.65	21.48	.041	50.71	.88
@COUNTY HOSPITAL TOTAL	2	4	\$	100.97	\$ 25.24	.000	\$ 50.49	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	100.97	25.24	.000	50.49	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	39.90	19.95	.000	39.90	.00
ROOM USE	1	1	36.50	36.50	.000	36.50	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	24.57	24.57	.000	24.57	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,415  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

8,280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	545	2,347	\$ 305,391.20	\$ 130.12	.283	\$ 560.35	\$ 36.88
COMM HOSP INPATIENT TOTAL	45	166	240,837.73	1450.83	.020	5351.95	29.09
HSC HOSPITALS	13	71	95,903.53	1350.75	.009	7377.19	11.58
NON-HSC HOSPITALS TOTAL	33	95	144,934.20	1525.62	.011	4391.95	17.50
ACCOMMODATIONS	33	95	51,493.64	542.04	.011	1560.41	6.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	95	51,493.64	542.04	.011	1560.41	6.22
ANCILLARIES	33	0	93,440.56	.00	.000	2831.53	11.29
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	512	2,181	64,553.47	29.60	.263	126.08	7.80
MEDICAL	178	266	14,694.05	55.24	.032	82.55	1.77
SURGERY	40	46	1,941.41	42.20	.006	48.54	.23
PATHOLOGY	220	885	12,057.46	13.62	.107	54.81	1.46
RADIOLOGY	227	273	14,408.72	52.78	.033	63.47	1.74
ROOM USE	290	372	14,173.75	38.10	.045	48.88	1.71
CROSSOVERS/ALL OTH OUTPTNT	143	339	7,278.08	21.47	.041	50.90	.88
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	313	892	\$ 11,632.94	\$ 13.04	.108	\$ 37.17	\$ 1.40
PATHOLOGY	313	892	11,632.94	13.04	.108	37.17	1.40
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,187	3,469	\$ 303,175.78	\$ 87.40	.419	\$ 138.63	\$ 36.62
CLINIC	64	172	4,176.77	24.28	.021	65.26	.50
SURGICENTER	8	40	1,153.84	28.85	.005	144.23	.14
HEROIN DETOX CLINIC	2	23	291.42	12.67	.003	145.71	.04
RURAL HEALTH CLINIC	2,128	3,234	297,553.75	92.01	.391	139.83	35.94

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,416  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	8,280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	236	6,528	\$ 21,630.67	\$ 3.31	.788	\$ 91.66	\$ 2.61	
DURABLE MED. EQUIP.	27	38	2,284.94	60.13	.005	84.63	.28	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	45	505	8,927.85	17.68	.061	198.40	1.08	
AMBULANCES/AIR TRANS	45	504	7,127.85	14.14	.061	158.40	.86	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.22	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	12	12	1,260.00	105.00	.001	105.00	.15	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	57	121	1,108.62	9.16	.015	19.45	.13	
PHYSICAL THERAPIST	1	2	21.04	10.52	.000	21.04	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	6	11	1,488.95	135.36	.001	248.16	.18	
PROSTHETICS	6	11	1,488.95	135.36	.001	248.16	.18	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	17	39	1,522.30	39.03	.005	89.55	.18	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	63	329	3,617.02	10.99	.040	57.41	.44	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	16	5,471	1,399.95	.26	.661	87.50	.17	
@CALIF. CHILDREN SERVICES*	33	787	\$ 86,771.79	\$ 110.26	.095	\$ 2629.45	\$ 10.48	
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,417  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MIC - SOC      AID CODE 83

	44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87	471	\$ 71,320.90	\$ 151.42	10.705	\$ 819.78	\$ 1620.93	
@PHYSICIANS SERVICES	31	100	\$ 5,384.77	\$ 53.85	2.273	\$ 173.70	\$ 122.38	

OUTPATIENT VISITS	5	5		311.94	62.39	.114	62.39	7.09
OFFICE VISITS	3	3		95.78	31.93	.068	31.93	2.18
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		216.16	108.08	.045	108.08	4.91
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	5	9		500.87	55.65	.205	100.17	11.38
HOSPITAL VISITS	5	9		500.87	55.65	.205	100.17	11.38
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	35		2,008.98	57.40	.795	287.00	45.66
PRINCIPAL SURGEON	3	3		1,339.59	446.53	.068	446.53	30.45
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	32		669.39	20.92	.727	167.35	15.21
OUTPATIENT SURGERY	1	2		495.90	247.95	.045	495.90	11.27
PRINCIPAL SURGEON	1	2		495.90	247.95	.045	495.90	11.27
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		30.40	30.40	.023	30.40	.69
RADIOLOGY	18	44		1,803.21	40.98	1.000	100.18	40.98
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4		233.47	58.37	.091	77.82	5.31
@PHARMACY	8	23	\$	1,361.77	\$ 59.21	.523	\$ 170.22	\$ 30.95
PRESCRIPTION DRUGS	8	23		1,361.77	59.21	.523	170.22	30.95
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	8	23		1,361.77	59.21	.523	170.22	30.95
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	12	59	\$	926.08	\$ 15.70	1.341	\$ 77.17	\$ 21.05
VISITS - DIAGNOSTIC	7	43		91.00	2.12	.977	13.00	2.07
ORAL SURGERY	3	6		551.00	91.83	.136	183.67	12.52
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	7		284.08	40.58	.159	94.69	6.46
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3		.00	.00	.068	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,418  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIC - SOC      AID CODE 83

44 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		1	1	\$ 47.45	\$ 47.45	.023	\$ 47.45	\$ 1.08
DIAGNOSTIC AND ANC. PROCED		1	1	47.45	47.45	.023	47.45	1.08

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	28	194	\$ 60,338.01	\$ 311.02	4.409	\$ 2154.93	\$ 1371.32
HOSP INPATIENT TOTAL	7	38	57,316.58	1508.33	.864	8188.08	1302.65
HSC HOSPITALS	2	9	8,682.00	964.67	.205	4341.00	197.32
NON-HSC HOSPITAL TOTAL	5	29	48,634.58	1677.05	.659	9726.92	1105.33
ACCOMMODATIONS	5	29	12,666.01	436.76	.659	2533.20	287.86
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	29	12,666.01	436.76	.659	2533.20	287.86
ANCILLARIES	5	0	35,968.57	.00	.000	7193.71	817.47
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	156	3,021.43	19.37	3.545	143.88	68.67
MEDICAL	14	18	696.70	38.71	.409	49.76	15.83
SURGERY	1	1	57.21	57.21	.023	57.21	1.30
PATHOLOGY	12	61	514.05	8.43	1.386	42.84	11.68
RADIOLOGY	12	14	696.68	49.76	.318	58.06	15.83
ROOM USE	16	21	659.84	31.42	.477	41.24	15.00
CROSSOVERS/ALL OTH OUTPTNT	13	41	396.95	9.68	.932	30.53	9.02
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,419  
 MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR MIC - SOC      AID CODE 83

44 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS      COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	194	\$	60,338.01	\$ 311.02	4.409	\$ 2154.93	\$ 1371.32
COMM HOSP INPATIENT TOTAL	7	38		57,316.58	1508.33	.864	8188.08	1302.65
HSC HOSPITALS	2	9		8,682.00	964.67	.205	4341.00	197.32
NON-HSC HOSPITALS TOTAL	5	29		48,634.58	1677.05	.659	9726.92	1105.33
ACCOMMODATIONS	5	29		12,666.01	436.76	.659	2533.20	287.86
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	29		12,666.01	436.76	.659	2533.20	287.86
ANCILLARIES	5	0		35,968.57	.00	.000	7193.71	817.47
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	156		3,021.43	19.37	3.545	143.88	68.67
MEDICAL	14	18		696.70	38.71	.409	49.76	15.83
SURGERY	1	1		57.21	57.21	.023	57.21	1.30
PATHOLOGY	12	61		514.05	8.43	1.386	42.84	11.68
RADIOLOGY	12	14		696.68	49.76	.318	58.06	15.83
ROOM USE	16	21		659.84	31.42	.477	41.24	15.00
CROSSOVERS/ALL OTH OUTPTNT	13	41		396.95	9.68	.932	30.53	9.02
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	18	\$	293.87	\$	16.33	.409	\$ 48.98	\$ 6.68
PATHOLOGY	6	18		293.87		16.33	.409	48.98	6.68
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	29	\$	2,503.17	\$	86.32	.659	\$ 227.56	\$ 56.89
CLINIC	2	3		70.06		23.35	.068	35.03	1.59
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	11	26		2,433.11		93.58	.591	221.19	55.30

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,420  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    MIC - SOC      AID CODE 83

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	47	\$ 465.78	\$ 9.91	1.068	\$ 93.16	\$ 10.59
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	39	386.74	9.92	.886	128.91	8.79
AMBULANCES/AIR TRANS	3	39	386.74	9.92	.886	128.91	8.79
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.045	16.64	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	6	62.40	10.40	.136	62.40	1.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,421  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

8,324 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,924	25,290	\$ 1,074,007.37	\$ 42.47	3.038	\$ 218.12	\$ 129.03
@PHYSICIANS SERVICES	883	2,289	\$ 87,944.12	\$ 38.42	.275	\$ 99.60	\$ 10.57
OUTPATIENT VISITS	481	622	24,987.93	40.17	.075	51.95	3.00
OFFICE VISITS	398	514	18,076.30	35.17	.062	45.42	2.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	44	2,429.77	55.22	.005	57.85	.29
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.01
OB VISITS/COMPRE PERI	31	41	3,790.65	92.45	.005	122.28	.46
OTHER OUTPATIENT	18	22	647.36	29.43	.003	35.96	.08
INPATIENT VISITS	51	134	8,791.20	65.61	.016	172.38	1.06
HOSPITAL VISITS	49	112	5,568.08	49.72	.013	113.63	.67
CRITICAL CARE	2	22	3,223.12	146.51	.003	1611.56	.39
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	32	41	1,732.49	42.26	.005	54.14	.21
EXAMINATIONS	31	40	1,712.49	42.81	.005	55.24	.21
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	50	233	25,172.61	108.04	.028	503.45	3.02
PRINCIPAL SURGEON	28	32	19,095.60	596.74	.004	681.99	2.29
ASSISTANT SURGEON	8	8	1,106.99	138.37	.001	138.37	.13
ANESTHESIOLOGIST	23	193	4,970.02	25.75	.023	216.09	.60
OUTPATIENT SURGERY	52	129	7,653.19	59.33	.015	147.18	.92
PRINCIPAL SURGEON	47	62	6,070.36	97.91	.007	129.16	.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	67	1,582.83	23.62	.008	131.90	.19
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	32	51	367.28	7.20	.006	11.48	.04
RADIOLOGY	288	429	11,754.87	27.40	.052	40.82	1.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	16	491.09	30.69	.002	44.64	.06
OTHER SERVICES/ALL X-OVERS	111	634	6,993.46	11.03	.076	63.00	.84
@PHARMACY	2,049	7,334	\$ 219,909.69	\$ 29.98	.881	\$ 107.33	\$ 26.42
PRESCRIPTION DRUGS	2,043	4,322	213,420.56	49.38	.519	104.46	25.64
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,043	4,322	213,420.56	49.38	.519	104.46	25.64
MEDICAL SUPPLIES	34	3,012	6,489.13	2.15	.362	190.86	.78
@DENTIST	329	1,803	\$ 50,385.66	\$ 27.95	.217	\$ 153.15	\$ 6.05
VISITS - DIAGNOSTIC	246	1,317	19,319.30	14.67	.158	78.53	2.32
ORAL SURGERY	39	60	5,058.14	84.30	.007	129.70	.61
DRUGS	13	17	323.75	19.04	.002	24.90	.04
ANESTHESIA	1	2	200.00	100.00	.000	200.00	.02
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	15	25	3,716.00	148.64	.003	247.73	.45
RESTORATIVE DENTISTRY	114	320	15,538.88	48.56	.038	136.31	1.87
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS	1	2	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	3	3,541.59	1180.53	.000	3541.59	.43
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	28	37	2,325.00	62.84	.004	83.04	.28
ALL OTHER SERVICES	9	13	75.00	5.77	.002	8.33	.01

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

8,324 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	81	237	\$ 5,090.85	\$ 21.48	.028	\$ 62.85	\$ .61
DIAGNOSTIC AND ANC. PROCED	60	75	2,742.71	36.57	.009	45.71	.33
EYE APPLIANCES	54	157	2,232.71	14.22	.019	41.35	.27
OTHER OPTOMETRIC SERVICES	4	5	115.43	23.09	.001	28.86	.01
@CHIROPRACTOR	8	18	\$ 296.78	\$ 16.49	.002	\$ 37.10	\$ .04
VISITS	8	18	296.78	16.49	.002	37.10	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	18	34	\$ 1,754.03	\$ 51.59	.004	\$ 97.45	\$ .21
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	4	9	\$ 2,394.96	\$ 266.11	.001	\$ 598.74	\$ .29
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 108.80	\$ 108.80	.000	\$ 108.80	\$ .01
FAMILY NURSE PRACTITIONER	15	37	\$ 590.09	\$ 15.95	.004	\$ 39.34	\$ .07
@TOTAL HOSPITAL	575	2,545	\$ 365,830.18	\$ 143.74	.306	\$ 636.23	\$ 43.95
HOSP INPATIENT TOTAL	52	204	298,154.31	1461.54	.025	5733.74	35.82
HSC HOSPITALS	15	80	104,585.53	1307.32	.010	6972.37	12.56
NON-HSC HOSPITAL TOTAL	38	124	193,568.78	1561.04	.015	5093.92	23.25
ACCOMMODATIONS	38	124	64,159.65	517.42	.015	1688.41	7.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	124	64,159.65	517.42	.015	1688.41	7.71
ANCILLARIES	38	0	129,409.13	.00	.000	3405.50	15.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	535	2,341	67,675.87	28.91	.281	126.50	8.13
MEDICAL	192	284	15,390.75	54.19	.034	80.16	1.85
SURGERY	41	47	1,998.62	42.52	.006	48.75	.24
PATHOLOGY	232	946	12,571.51	13.29	.114	54.19	1.51
RADIOLOGY	240	289	15,145.30	52.41	.035	63.11	1.82
ROOM USE	307	394	14,870.09	37.74	.047	48.44	1.79
CROSSOVERS/ALL OTH OUTPTNT	157	381	7,699.60	20.21	.046	49.04	.92
@COUNTY HOSPITAL TOTAL	2	4	\$ 100.97	\$ 25.24	.000	\$ 50.49	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	100.97	25.24	.000	50.49	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	39.90	19.95	.000	39.90	.00
ROOM USE	1	1	36.50	36.50	.000	36.50	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
8,324 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	573	2,541	\$ 365,729.21	\$ 143.93	.305	\$ 638.27	\$ 43.94
COMM HOSP INPATIENT TOTAL	52	204	298,154.31	1461.54	.025	5733.74	35.82
HSC HOSPITALS	15	80	104,585.53	1307.32	.010	6972.37	12.56
NON-HSC HOSPITALS TOTAL	38	124	193,568.78	1561.04	.015	5093.92	23.25
ACCOMMODATIONS	38	124	64,159.65	517.42	.015	1688.41	7.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	124	64,159.65	517.42	.015	1688.41	7.71
ANCILLARIES	38	0	129,409.13	.00	.000	3405.50	15.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	533	2,337	67,574.90	28.92	.281	126.78	8.12
MEDICAL	192	284	15,390.75	54.19	.034	80.16	1.85
SURGERY	41	47	1,998.62	42.52	.006	48.75	.24
PATHOLOGY	232	946	12,571.51	13.29	.114	54.19	1.51
RADIOLOGY	239	287	15,105.40	52.63	.034	63.20	1.81
ROOM USE	306	393	14,833.59	37.74	.047	48.48	1.78
CROSSOVERS/ALL OTH OUTPTNT	156	380	7,675.03	20.20	.046	49.20	.92
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	319	910	\$ 11,926.81	\$ 13.11	.109	\$ 37.39	\$ 1.43
PATHOLOGY	319	910	11,926.81	13.11	.109	37.39	1.43
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,198	3,498	\$ 305,678.95	\$ 87.39	.420	\$ 139.07	\$ 36.72
CLINIC	66	175	4,246.83	24.27	.021	64.35	.51
SURGICENTER	8	40	1,153.84	28.85	.005	144.23	.14
HEROIN DETOX CLINIC	2	23	291.42	12.67	.003	145.71	.04
RURAL HEALTH CLINIC	2,139	3,260	299,986.86	92.02	.392	140.25	36.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,424
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						



8,324 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	241	6,575	\$ 22,096.45	\$ 3.36	.790	\$ 91.69	\$ 2.65
DURABLE MED. EQUIP.	27	38	2,284.94	60.13	.005	84.63	.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	48	544	9,314.59	17.12	.065	194.05	1.12
AMBULANCES/AIR TRANS	48	543	7,514.59	13.84	.065	156.55	.90
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12	12	1,260.00	105.00	.001	105.00	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	58	123	1,125.26	9.15	.015	19.40	.14
PHYSICAL THERAPIST	1	2	21.04	10.52	.000	21.04	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	11	1,488.95	135.36	.001	248.16	.18
PROSTHETICS	6	11	1,488.95	135.36	.001	248.16	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	39	1,522.30	39.03	.005	89.55	.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	64	335	3,679.42	10.98	.040	57.49	.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	5,471	1,399.95	.26	.657	87.50	.17
@CALIF. CHILDREN SERVICES*	33	787	\$ 86,771.79	\$ 110.26	.095	\$ 2629.45	\$ 10.42

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,425

MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,426  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,427  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,428  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,429
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	359	1,996	\$ 172,115.40	\$ 86.23	8.793	\$ 479.43	\$ 758.22
@PHYSICIANS SERVICES	133	368	\$ 25,335.78	\$ 68.85	1.621	\$ 190.49	\$ 111.61
OUTPATIENT VISITS	45	59	4,538.50	76.92	.260	100.86	19.99
OFFICE VISITS	25	27	1,518.67	56.25	.119	60.75	6.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.009	44.60	.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	30	2,930.63	97.69	.132	146.53	12.91

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	13	24	960.38	40.02	.106	73.88	4.23
HOSPITAL VISITS	13	24	960.38	40.02	.106	73.88	4.23
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	154	13,392.72	86.97	.678	608.76	59.00
PRINCIPAL SURGEON	15	15	11,795.19	786.35	.066	786.35	51.96
ASSISTANT SURGEON	2	2	373.00	186.50	.009	186.50	1.64
ANESTHESIOLOGIST	6	137	1,224.53	8.94	.604	204.09	5.39
OUTPATIENT SURGERY	13	20	1,468.80	73.44	.088	112.98	6.47
PRINCIPAL SURGEON	13	17	1,341.70	78.92	.075	103.21	5.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	3	127.10	42.37	.013	42.37	.56
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	547.49	68.44	.035	109.50	2.41
RADIOLOGY	58	67	3,483.07	51.99	.295	60.05	15.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	15	331.01	22.07	.066	55.17	1.46
OTHER SERVICES/ALL X-OVERS	14	21	613.81	29.23	.093	43.84	2.70
@PHARMACY	108	208	\$ 5,791.12	\$ 27.84	.916	\$ 53.62	\$ 25.51
PRESCRIPTION DRUGS	108	208	5,791.12	27.84	.916	53.62	25.51
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	108	208	5,791.12	27.84	.916	53.62	25.51
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	13	59	\$ 1,537.00	\$ 26.05	.260	\$ 118.23	\$ 6.77
VISITS - DIAGNOSTIC	11	44	749.00	17.02	.194	68.09	3.30
ORAL SURGERY	3	5	353.00	70.60	.022	117.67	1.56
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	10	435.00	43.50	.044	108.75	1.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,430  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	14	\$ 270.90	\$ 19.35	.062	\$ 54.18	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	3	5	142.35	28.47	.022	47.45	.63
EYE APPLIANCES	3	9	128.55	14.28	.040	42.85	.57
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	1	1	\$ 16.72	\$ 16.72	.004	\$ 16.72	\$ .07
VISITS	1	1	16.72	16.72	.004	16.72	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	27	\$ 1,458.22	\$ 54.01	.119	\$ 112.17	\$ 6.42
NURSE ANESTHESIST	1	7	\$ 150.30	\$ 21.47	.031	\$ 150.30	\$ .66
NURSE MIDWIFE	13	81	\$ 4,106.54	\$ 50.70	.357	\$ 315.89	\$ 18.09
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	148	791	\$ 113,680.54	\$ 143.72	3.485	\$ 768.11	\$ 500.80
HOSP INPATIENT TOTAL	24	79	96,499.10	1221.51	.348	4020.80	425.11
HSC HOSPITALS	2	4	4,761.02	1190.26	.018	2380.51	20.97
NON-HSC HOSPITAL TOTAL	22	75	91,738.08	1223.17	.330	4169.91	404.13
ACCOMMODATIONS	22	75	34,655.87	462.08	.330	1575.27	152.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	75	34,655.87	462.08	.330	1575.27	152.67
ANCILLARIES	22	0	57,082.21	.00	.000	2594.65	251.46
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	132	712	17,181.44	24.13	3.137	130.16	75.69
MEDICAL	17	23	1,679.23	73.01	.101	98.78	7.40
SURGERY	4	4	122.12	30.53	.018	30.53	.54
PATHOLOGY	79	301	4,697.12	15.61	1.326	59.46	20.69
RADIOLOGY	38	40	2,405.17	60.13	.176	63.29	10.60
ROOM USE	56	96	3,078.77	32.07	.423	54.98	13.56
CROSSOVERS/ALL OTH OUTPTNT	49	248	5,199.03	20.96	1.093	106.10	22.90
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,431  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	148	791	\$ 113,680.54	\$ 143.72	3.485	\$ 768.11	\$ 500.80
COMM HOSP INPATIENT TOTAL	24	79	96,499.10	1221.51	.348	4020.80	425.11
HSC HOSPITALS	2	4	4,761.02	1190.26	.018	2380.51	20.97
NON-HSC HOSPITALS TOTAL	22	75	91,738.08	1223.17	.330	4169.91	404.13
ACCOMMODATIONS	22	75	34,655.87	462.08	.330	1575.27	152.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	75	34,655.87	462.08	.330	1575.27	152.67
ANCILLARIES	22	0	57,082.21	.00	.000	2594.65	251.46
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	132	712	17,181.44	24.13	3.137	130.16	75.69
MEDICAL	17	23	1,679.23	73.01	.101	98.78	7.40
SURGERY	4	4	122.12	30.53	.018	30.53	.54
PATHOLOGY	79	301	4,697.12	15.61	1.326	59.46	20.69
RADIOLOGY	38	40	2,405.17	60.13	.176	63.29	10.60
ROOM USE	56	96	3,078.77	32.07	.423	54.98	13.56
CROSSOVERS/ALL OTH OUTPTNT	49	248	5,199.03	20.96	1.093	106.10	22.90
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	70	231	\$	3,876.75	\$	16.78	1.018	\$ 55.38	\$ 17.08
PATHOLOGY	70	231		3,876.75		16.78	1.018	55.38	17.08
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	75	181	\$	13,713.73	\$	75.77	.797	\$ 182.85	\$ 60.41
CLINIC	13	66		2,482.40		37.61	.291	190.95	10.94
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	64	115		11,231.33		97.66	.507	175.49	49.48

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,432  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	28	\$ 2,177.80	\$ 77.78	.123	\$ 90.74	\$ 9.59
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1	118.20	118.20	.004	118.20	.52
AMBULANCES/AIR TRANS	1	1	118.20	118.20	.004	118.20	.52
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	.084	105.00	8.79
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	64.60	8.08	.035	16.15	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,433
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	359	1,996	\$ 172,115.40	\$ 86.23	8.793	\$ 479.43	\$ 758.22
@PHYSICIANS SERVICES	133	368	\$ 25,335.78	\$ 68.85	1.621	\$ 190.49	\$ 111.61

OUTPATIENT VISITS	45	59		4,538.50	76.92	.260	100.86	19.99
OFFICE VISITS	25	27		1,518.67	56.25	.119	60.75	6.69
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		89.20	44.60	.009	44.60	.39
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	30		2,930.63	97.69	.132	146.53	12.91
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	13	24		960.38	40.02	.106	73.88	4.23
HOSPITAL VISITS	13	24		960.38	40.02	.106	73.88	4.23
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	154		13,392.72	86.97	.678	608.76	59.00
PRINCIPAL SURGEON	15	15		11,795.19	786.35	.066	786.35	51.96
ASSISTANT SURGEON	2	2		373.00	186.50	.009	186.50	1.64
ANESTHESIOLOGIST	6	137		1,224.53	8.94	.604	204.09	5.39
OUTPATIENT SURGERY	13	20		1,468.80	73.44	.088	112.98	6.47
PRINCIPAL SURGEON	13	17		1,341.70	78.92	.075	103.21	5.91
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	3		127.10	42.37	.013	42.37	.56
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	8		547.49	68.44	.035	109.50	2.41
RADIOLOGY	58	67		3,483.07	51.99	.295	60.05	15.34
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	15		331.01	22.07	.066	55.17	1.46
OTHER SERVICES/ALL X-OVERS	14	21		613.81	29.23	.093	43.84	2.70
@PHARMACY	108	208	\$	5,791.12	\$ 27.84	.916	\$ 53.62	\$ 25.51
PRESCRIPTION DRUGS	108	208		5,791.12	27.84	.916	53.62	25.51
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	108	208		5,791.12	27.84	.916	53.62	25.51
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	13	59	\$	1,537.00	\$ 26.05	.260	\$ 118.23	\$ 6.77
VISITS - DIAGNOSTIC	11	44		749.00	17.02	.194	68.09	3.30
ORAL SURGERY	3	5		353.00	70.60	.022	117.67	1.56
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	10		435.00	43.50	.044	108.75	1.92
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,434
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

	227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5		14	\$ 270.90	\$ 19.35	.062	\$ 54.18	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	3		5	142.35	28.47	.022	47.45	.63

EYE APPLIANCES	3	9		128.55		14.28	.040	42.85	.57
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.004	\$ 16.72	\$ .07
VISITS	1	1		16.72		16.72	.004	16.72	.07
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	13	27	\$	1,458.22	\$	54.01	.119	\$ 112.17	\$ 6.42
NURSE ANESTHESIST	1	7	\$	150.30	\$	21.47	.031	\$ 150.30	\$ .66
NURSE MIDWIFE	13	81	\$	4,106.54	\$	50.70	.357	\$ 315.89	\$ 18.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	148	791	\$	113,680.54	\$	143.72	3.485	\$ 768.11	\$ 500.80
HOSP INPATIENT TOTAL	24	79		96,499.10		1221.51	.348	4020.80	425.11
HSC HOSPITALS	2	4		4,761.02		1190.26	.018	2380.51	20.97
NON-HSC HOSPITAL TOTAL	22	75		91,738.08		1223.17	.330	4169.91	404.13
ACCOMMODATIONS	22	75		34,655.87		462.08	.330	1575.27	152.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	22	75		34,655.87		462.08	.330	1575.27	152.67
ANCILLARIES	22	0		57,082.21		.00	.000	2594.65	251.46
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	132	712		17,181.44		24.13	3.137	130.16	75.69
MEDICAL	17	23		1,679.23		73.01	.101	98.78	7.40
SURGERY	4	4		122.12		30.53	.018	30.53	.54
PATHOLOGY	79	301		4,697.12		15.61	1.326	59.46	20.69
RADIOLOGY	38	40		2,405.17		60.13	.176	63.29	10.60
ROOM USE	56	96		3,078.77		32.07	.423	54.98	13.56

CROSSOVERS/ALL OTH OUTPTNT	49	248		5,199.03		20.96	1.093	106.10	22.90
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,435  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	148	791	\$	113,680.54	\$ 143.72	3.485	\$ 768.11	\$ 500.80
COMM HOSP INPATIENT TOTAL	24	79		96,499.10	1221.51	.348	4020.80	425.11
HSC HOSPITALS	2	4		4,761.02	1190.26	.018	2380.51	20.97
NON-HSC HOSPITALS TOTAL	22	75		91,738.08	1223.17	.330	4169.91	404.13
ACCOMMODATIONS	22	75		34,655.87	462.08	.330	1575.27	152.67
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	75		34,655.87	462.08	.330	1575.27	152.67
ANCILLARIES	22	0		57,082.21	.00	.000	2594.65	251.46
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	132	712		17,181.44	24.13	3.137	130.16	75.69
MEDICAL	17	23		1,679.23	73.01	.101	98.78	7.40
SURGERY	4	4		122.12	30.53	.018	30.53	.54
PATHOLOGY	79	301		4,697.12	15.61	1.326	59.46	20.69
RADIOLOGY	38	40		2,405.17	60.13	.176	63.29	10.60
ROOM USE	56	96		3,078.77	32.07	.423	54.98	13.56
CROSSOVERS/ALL OTH OUTPTNT	49	248		5,199.03	20.96	1.093	106.10	22.90
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	70	231	\$	3,876.75	\$	16.78	1.018	\$ 55.38	\$ 17.08
PATHOLOGY	70	231		3,876.75		16.78	1.018	55.38	17.08
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	75	181	\$	13,713.73	\$	75.77	.797	\$ 182.85	\$ 60.41
CLINIC	13	66		2,482.40		37.61	.291	190.95	10.94
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	64	115		11,231.33		97.66	.507	175.49	49.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,436
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL								

	227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	28	\$	2,177.80	\$ 77.78	.123	\$ 90.74	\$ 9.59
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1		118.20	118.20	.004	118.20	.52
AMBULANCES/AIR TRANS	1	1		118.20	118.20	.004	118.20	.52
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19		1,995.00	105.00	.084	105.00	8.79
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	8		64.60	8.08	.035	16.15	.28
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	57	2,392	\$ 266,371.60	\$ 111.36	54.364	\$ 4673.19	\$ 6053.90
@PHYSICIANS SERVICES	21	49	\$ 1,779.11	\$ 36.31	1.114	\$ 84.72	\$ 40.43
OUTPATIENT VISITS	1	1	34.30	34.30	.023	34.30	.78
OFFICE VISITS	1	1	34.30	34.30	.023	34.30	.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	14	30	730.62	24.35	.682	52.19	16.61
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	30	730.62	24.35	.682	52.19	16.61
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	71.13	23.71	.068	71.13	1.62
RADIOLOGY	7	10	880.53	88.05	.227	125.79	20.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5	62.53	12.51	.114	12.51	1.42
@PHARMACY	42	506	\$ 50,362.85	\$ 99.53	11.500	\$ 1199.12	\$ 1144.61
PRESCRIPTION DRUGS	42	506	50,362.85	99.53	11.500	1199.12	1144.61
SNF/ICF	35	484	35,369.62	73.08	11.000	1010.56	803.86
OUTPATIENTS	16	22	14,993.23	681.51	.500	937.08	340.76
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1	\$ 25.00	\$ 25.00	.023	\$ 25.00	\$ .57
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.023	25.00	.57
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 86.89	\$ 43.45	.045	\$ 43.45	\$ 1.97
DIAGNOSTIC AND ANC. PROCED	2	2	86.89	43.45	.045	43.45	1.97
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	13	175	\$ 2,516.78	\$ 14.38	3.977	\$ 193.60	\$ 57.20
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	175	2,516.78	14.38	3.977	193.60	57.20
MEDICAL	6	9	637.68	70.85	.205	106.28	14.49
SURGERY	1	1	28.85	28.85	.023	28.85	.66
PATHOLOGY	9	153	1,272.84	8.32	3.477	141.43	28.93
RADIOLOGY	4	4	324.96	81.24	.091	81.24	7.39
ROOM USE	4	4	137.95	34.49	.091	34.49	3.14
CROSSOVERS/ALL OTH OUTPTNT	3	4	114.50	28.63	.091	38.17	2.60
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	175	\$ 2,516.78	\$ 14.38	3.977	\$ 193.60	\$ 57.20
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	175	2,516.78	14.38	3.977	193.60	57.20
MEDICAL	6	9	637.68	70.85	.205	106.28	14.49
SURGERY	1	1	28.85	28.85	.023	28.85	.66
PATHOLOGY	9	153	1,272.84	8.32	3.477	141.43	28.93
RADIOLOGY	4	4	324.96	81.24	.091	81.24	7.39
ROOM USE	4	4	137.95	34.49	.091	34.49	3.14
CROSSOVERS/ALL OTH OUTPTNT	3	4	114.50	28.63	.091	38.17	2.60
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	40	1,451	\$ 207,574.40	\$ 143.06	32.977	\$ 5189.36	\$ 4717.60
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	40	1,451		207,574.40	143.06	32.977	5189.36	4717.60	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	15	51	\$	444.71	\$	8.72	\$	29.65	
PATHOLOGY	15	51		444.71	8.72	1.159	29.65	10.11	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	3	24	\$	2,141.76	\$	89.24	\$	713.92	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	3	24		2,141.76	89.24	.545	713.92	48.68	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,440
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	133	\$ 1,440.10	\$ 10.83	3.023	\$ 120.01	\$ 32.73
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	129	1,262.48	9.79	2.932	126.25	28.69
AMBULANCES/AIR TRANS	5	101	1,030.70	10.20	2.295	206.14	23.43
OTHER TRANS	6	28	231.78	8.28	.636	38.63	5.27
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	177.62	44.41	.091	88.81	4.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,441

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,442  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,443  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,444  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,445
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	57	2,392	\$ 266,371.60	\$ 111.36	53.156	\$ 4673.19	\$ 5919.37
@PHYSICIANS SERVICES	21	49	\$ 1,779.11	\$ 36.31	1.089	\$ 84.72	\$ 39.54
OUTPATIENT VISITS	1	1	34.30	34.30	.022	34.30	.76
OFFICE VISITS	1	1	34.30	34.30	.022	34.30	.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	14	30	730.62	24.35	.667	52.19	16.24
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	30	730.62	24.35	.667	52.19	16.24
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	71.13	23.71	.067	71.13	1.58
RADIOLOGY	7	10	880.53	88.05	.222	125.79	19.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5	62.53	12.51	.111	12.51	1.39
@PHARMACY	42	506	\$ 50,362.85	\$ 99.53	11.244	\$ 1199.12	\$ 1119.17
PRESCRIPTION DRUGS	42	506	50,362.85	99.53	11.244	1199.12	1119.17
SNF/ICF	35	484	35,369.62	73.08	10.756	1010.56	785.99
OUTPATIENTS	16	22	14,993.23	681.51	.489	937.08	333.18
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1	\$ 25.00	\$ 25.00	.022	\$ 25.00	\$ .56
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.022	25.00	.56
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,446  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 86.89	\$ 43.45	.044	\$ 43.45	\$ 1.93
DIAGNOSTIC AND ANC. PROCED	2	2	86.89	43.45	.044	43.45	1.93
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	13	175	\$ 2,516.78	\$ 14.38	3.889	\$ 193.60	\$ 55.93
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	175	2,516.78	14.38	3.889	193.60	55.93
MEDICAL	6	9	637.68	70.85	.200	106.28	14.17
SURGERY	1	1	28.85	28.85	.022	28.85	.64
PATHOLOGY	9	153	1,272.84	8.32	3.400	141.43	28.29
RADIOLOGY	4	4	324.96	81.24	.089	81.24	7.22
ROOM USE	4	4	137.95	34.49	.089	34.49	3.07
CROSSOVERS/ALL OTH OUTPTNT	3	4	114.50	28.63	.089	38.17	2.54
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,447  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	175	\$ 2,516.78	\$ 14.38	3.889	\$ 193.60	\$ 55.93
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	175	2,516.78	14.38	3.889	193.60	55.93
MEDICAL	6	9	637.68	70.85	.200	106.28	14.17
SURGERY	1	1	28.85	28.85	.022	28.85	.64
PATHOLOGY	9	153	1,272.84	8.32	3.400	141.43	28.29
RADIOLOGY	4	4	324.96	81.24	.089	81.24	7.22
ROOM USE	4	4	137.95	34.49	.089	34.49	3.07
CROSSOVERS/ALL OTH OUTPTNT	3	4	114.50	28.63	.089	38.17	2.54
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	40	1,451	\$ 207,574.40	\$ 143.06	32.244	\$ 5189.36	\$ 4612.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,451	207,574.40	143.06	32.244	5189.36	4612.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	51	\$ 444.71	\$ 8.72	1.133	\$ 29.65	\$ 9.88
PATHOLOGY	15	51	444.71	8.72	1.133	29.65	9.88
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	24	\$ 2,141.76	\$ 89.24	.533	\$ 713.92	\$ 47.59
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	24	2,141.76	89.24	.533	713.92	47.59

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,448  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12		133	\$ 1,440.10	\$ 10.83	2.956	\$ 120.01	\$ 32.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10		129	1,262.48	9.79	2.867	126.25	28.06
AMBULANCES/AIR TRANS	5		101	1,030.70	10.20	2.244	206.14	22.90
OTHER TRANS	6		28	231.78	8.28	.622	38.63	5.15
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2		4	177.62	44.41	.089	88.81	3.95
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,449
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE	

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,450  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,451  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,452  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

272 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	416	4,388	\$ 438,487.00	\$ 99.93	16.132	\$ 1054.06	\$ 1612.08
@PHYSICIANS SERVICES	154	417	\$ 27,114.89	\$ 65.02	1.533	\$ 176.07	\$ 99.69
OUTPATIENT VISITS	46	60	4,572.80	76.21	.221	99.41	16.81
OFFICE VISITS	26	28	1,552.97	55.46	.103	59.73	5.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.007	44.60	.33
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	30	2,930.63	97.69	.110	146.53	10.77
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	27	54	1,691.00	31.31	.199	62.63	6.22
HOSPITAL VISITS	13	24	960.38	40.02	.088	73.88	3.53
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	30	730.62	24.35	.110	52.19	2.69
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	154	13,392.72	86.97	.566	608.76	49.24
PRINCIPAL SURGEON	15	15	11,795.19	786.35	.055	786.35	43.36
ASSISTANT SURGEON	2	2	373.00	186.50	.007	186.50	1.37
ANESTHESIOLOGIST	6	137	1,224.53	8.94	.504	204.09	4.50
OUTPATIENT SURGERY	13	20	1,468.80	73.44	.074	112.98	5.40
PRINCIPAL SURGEON	13	17	1,341.70	78.92	.063	103.21	4.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	3	127.10	42.37	.011	42.37	.47
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	11	618.62	56.24	.040	103.10	2.27
RADIOLOGY	65	77	4,363.60	56.67	.283	67.13	16.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	15	331.01	22.07	.055	55.17	1.22
OTHER SERVICES/ALL X-OVERS	19	26	676.34	26.01	.096	35.60	2.49
@PHARMACY	150	714	\$ 56,153.97	\$ 78.65	2.625	\$ 374.36	\$ 206.45
PRESCRIPTION DRUGS	150	714	56,153.97	78.65	2.625	374.36	206.45
SNF/ICF	35	484	35,369.62	73.08	1.779	1010.56	130.04
OUTPATIENTS	124	230	20,784.35	90.37	.846	167.62	76.41
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	14	60	\$ 1,562.00	\$ 26.03	.221	\$ 111.57	\$ 5.74
VISITS - DIAGNOSTIC	12	45	774.00	17.20	.165	64.50	2.85
ORAL SURGERY	3	5	353.00	70.60	.018	117.67	1.30
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	10	435.00	43.50	.037	108.75	1.60
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

## YUBA COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

272 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	16	\$ 357.79	\$ 22.36	.059	\$ 51.11	\$ 1.32
DIAGNOSTIC AND ANC. PROCED	5	7	229.24	32.75	.026	45.85	.84
EYE APPLIANCES	3	9	128.55	14.28	.033	42.85	.47
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.004	\$ 16.72	\$ .06
VISITS	1	1	16.72	16.72	.004	16.72	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	27	\$ 1,458.22	\$ 54.01	.099	\$ 112.17	\$ 5.36
NURSE ANESTHESIST	1	7	\$ 150.30	\$ 21.47	.026	\$ 150.30	\$ .55
NURSE MIDWIFE	13	81	\$ 4,106.54	\$ 50.70	.298	\$ 315.89	\$ 15.10
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	161	966	\$ 116,197.32	\$ 120.29	3.551	\$ 721.72	\$ 427.20
HOSP INPATIENT TOTAL	24	79	96,499.10	1221.51	.290	4020.80	354.78
HSC HOSPITALS	2	4	4,761.02	1190.26	.015	2380.51	17.50
NON-HSC HOSPITAL TOTAL	22	75	91,738.08	1223.17	.276	4169.91	337.27
ACCOMMODATIONS	22	75	34,655.87	462.08	.276	1575.27	127.41
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	75	34,655.87	462.08	.276	1575.27	127.41
ANCILLARIES	22	0	57,082.21	.00	.000	2594.65	209.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	145	887		19,698.22	22.21	3.261	135.85	72.42
MEDICAL	23	32		2,316.91	72.40	.118	100.74	8.52
SURGERY	5	5		150.97	30.19	.018	30.19	.56
PATHOLOGY	88	454		5,969.96	13.15	1.669	67.84	21.95
RADIOLOGY	42	44		2,730.13	62.05	.162	65.00	10.04
ROOM USE	60	100		3,216.72	32.17	.368	53.61	11.83
CROSSOVERS/ALL OTH OUTPTNT	52	252		5,313.53	21.09	.926	102.18	19.54
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,455  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL

						----- MONTHLY AVERAGE -----		
272 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	161	966	\$ 116,197.32	\$ 120.29	3.551	\$ 721.72	\$ 427.20	
COMM HOSP INPATIENT TOTAL	24	79	96,499.10	1221.51	.290	4020.80	354.78	
HSC HOSPITALS	2	4	4,761.02	1190.26	.015	2380.51	17.50	
NON-HSC HOSPITALS TOTAL	22	75	91,738.08	1223.17	.276	4169.91	337.27	
ACCOMMODATIONS	22	75	34,655.87	462.08	.276	1575.27	127.41	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	22	75	34,655.87	462.08	.276	1575.27	127.41	
ANCILLARIES	22	0	57,082.21	.00	.000	2594.65	209.86	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	145	887	19,698.22	22.21	3.261	135.85	72.42	
MEDICAL	23	32	2,316.91	72.40	.118	100.74	8.52	
SURGERY	5	5	150.97	30.19	.018	30.19	.56	
PATHOLOGY	88	454	5,969.96	13.15	1.669	67.84	21.95	
RADIOLOGY	42	44	2,730.13	62.05	.162	65.00	10.04	
ROOM USE	60	100	3,216.72	32.17	.368	53.61	11.83	
CROSSOVERS/ALL OTH OUTPTNT	52	252	5,313.53	21.09	.926	102.18	19.54	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	40	1,451	\$ 207,574.40	\$ 143.06	5.335	\$ 5189.36	\$ 763.14	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	



LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,451	207,574.40	143.06	5.335	5189.36	763.14
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	85	282	\$ 4,321.46	\$ 15.32	1.037	\$ 50.84	\$ 15.89
PATHOLOGY	85	282	4,321.46	15.32	1.037	50.84	15.89
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	78	205	\$ 15,855.49	\$ 77.34	.754	\$ 203.28	\$ 58.29
CLINIC	13	66	2,482.40	37.61	.243	190.95	9.13
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	67	139	13,373.09	96.21	.511	199.60	49.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,456
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

	272 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	161	\$	3,617.90	\$ 22.47	.592	\$ 100.50	\$ 13.30
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	130		1,380.68	10.62	.478	125.52	5.08
AMBULANCES/AIR TRANS	6	102		1,148.90	11.26	.375	191.48	4.22
OTHER TRANS	6	28		231.78	8.28	.103	38.63	.85
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	19	19		1,995.00	105.00	.070	105.00	7.33
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	8		64.60	8.08	.029	16.15	.24
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4		177.62	44.41	.015	88.81	.65
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,457  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
YUBA COUNTY SUMMARY OF SERVICES FOR ALL AGED

12,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,151	295,876	\$ 9,354,729.19	\$ 31.62	24.181	\$ 838.91	\$ 764.53
@PHYSICIANS SERVICES	2,103	6,427	\$ 97,285.25	\$ 15.14	.525	\$ 46.26	\$ 7.95
OUTPATIENT VISITS	57	73	2,620.77	35.90	.006	45.98	.21
OFFICE VISITS	52	67	2,413.38	36.02	.005	46.41	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	139.04	27.81	.000	27.81	.01
INPATIENT VISITS	6	27	1,101.56	40.80	.002	183.59	.09
HOSPITAL VISITS	5	26	1,074.06	41.31	.002	214.81	.09
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	42	50	1,381.71	27.63	.004	32.90	.11
EXAMINATIONS	42	50	1,381.71	27.63	.004	32.90	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	26	3,396.75	130.64	.002	679.35	.28
PRINCIPAL SURGEON	3	3	2,910.05	970.02	.000	970.02	.24
ASSISTANT SURGEON	1	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	486.70	21.16	.002	243.35	.04
OUTPATIENT SURGERY	7	10	3,655.04	365.50	.001	522.15	.30
PRINCIPAL SURGEON	7	10	3,655.04	365.50	.001	522.15	.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.22	8.22	.000	8.22	.00
RADIOLOGY	73	166	4,385.93	26.42	.014	60.08	.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	29.78	9.93	.000	9.93	.00
OTHER SERVICES/ALL X-OVERS	1,972	6,071	80,705.49	13.29	.496	40.93	6.60
@PHARMACY	8,889	117,422	\$ 3,237,860.79	\$ 27.57	9.596	\$ 364.25	\$ 264.62
PRESCRIPTION DRUGS	8,721	41,231	3,166,489.05	76.80	3.370	363.09	258.78
SNF/ICF	1,302	11,143	641,825.92	57.60	.911	492.95	52.45
OUTPATIENTS	7,454	30,088	2,524,663.13	83.91	2.459	338.70	206.33
MEDICAL SUPPLIES	960	76,191	71,371.74	.94	6.227	74.35	5.83
@DENTIST	382	1,572	\$ 87,961.00	\$ 55.95	.128	\$ 230.26	\$ 7.19
VISITS - DIAGNOSTIC	254	857	11,273.00	13.15	.070	44.38	.92
ORAL SURGERY	60	184	10,275.00	55.84	.015	171.25	.84
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	20	21	2,316.00	110.29	.002	115.80	.19
ENDODONTICS	10	16	4,125.00	257.81	.001	412.50	.34
RESTORATIVE DENTISTRY	64	194	14,402.00	74.24	.016	225.03	1.18
PROSTHETICS	7	8	150.00	18.75	.001	21.43	.01
DENTURES, STAYPLATES	108	284	45,320.00	159.58	.023	419.63	3.70
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	6	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,458  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL AGED

12,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	273	705	\$ 13,192.08	\$ 18.71	.058	\$ 48.32	\$ 1.08
DIAGNOSTIC AND ANC. PROCED	47	51	1,451.36	28.46	.004	30.88	.12
EYE APPLIANCES	212	597	10,160.79	17.02	.049	47.93	.83
OTHER OPTOMETRIC SERVICES	36	57	1,579.93	27.72	.005	43.89	.13
@CHIROPRACTOR	10	18	\$ 221.67	\$ 12.32	.001	\$ 22.17	\$ .02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	18	221.67	12.32	.001	22.17	.02
@PODIATRIST	171	209	\$ 1,368.69	\$ 6.55	.017	\$ 8.00	\$ .11
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	171	209	1,368.69	6.55	.017	8.00	.11
@HOME HEALTH AGENCY	3	21	\$ 1,372.93	\$ 65.38	.002	\$ 457.64	\$ .11
NURSE ANESTHESIST	1	7	\$ 22.17	\$ 3.17	.001	\$ 22.17	\$ .00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	7	15	\$ 250.88	\$ 16.73	.001	\$ 35.84	\$ .02
@TOTAL HOSPITAL	724	2,139	\$ 731,965.47	\$ 342.20	.175	\$ 1011.00	\$ 59.82
HOSP INPATIENT TOTAL	254	188	677,093.03	3601.56	.015	2665.72	55.34
HSC HOSPITALS	5	19	23,212.23	1221.70	.002	4642.45	1.90
NON-HSC HOSPITAL TOTAL	28	169	475,822.31	2815.52	.014	16993.65	38.89
ACCOMMODATIONS	28	169	93,142.60	551.14	.014	3326.52	7.61
ADMINISTRATIVE DAYS	1	3	599.82	199.94	.000	599.82	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	166	92,542.78	557.49	.014	3427.51	7.56
ANCILLARIES	28	0	382,679.71	.00	.000	13667.13	31.27
INPATIENT CROSSOVERS	221	0	178,058.49	.00	.000	805.69	14.55
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	492	1,951	54,872.44	28.13	.159	111.53	4.48
MEDICAL	16	21	1,140.79	54.32	.002	71.30	.09
SURGERY	4	5	262.10	52.42	.000	65.53	.02
PATHOLOGY	27	126	1,221.52	9.69	.010	45.24	.10
RADIOLOGY	27	42	4,666.67	111.11	.003	172.84	.38
ROOM USE	22	24	1,038.47	43.27	.002	47.20	.08
CROSSOVERS/ALL OTH OUTPTNT	444	1,733	46,542.89	26.86	.142	104.83	3.80
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,459  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL AGED

	12,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	724	2,139	\$	731,965.47	\$ 342.20	.175	\$ 1011.00	\$ 59.82
COMM HOSP INPATIENT TOTAL	254	188		677,093.03	3601.56	.015	2665.72	55.34
HSC HOSPITALS	5	19		23,212.23	1221.70	.002	4642.45	1.90
NON-HSC HOSPITALS TOTAL	28	169		475,822.31	2815.52	.014	16993.65	38.89
ACCOMMODATIONS	28	169		93,142.60	551.14	.014	3326.52	7.61
ADMINISTRATIVE DAYS	1	3		599.82	199.94	.000	599.82	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	166		92,542.78	557.49	.014	3427.51	7.56
ANCILLARIES	28	0		382,679.71	.00	.000	13667.13	31.27
INPATIENT CROSSOVERS	221	0		178,058.49	.00	.000	805.69	14.55
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	492	1,951		54,872.44	28.13	.159	111.53	4.48
MEDICAL	16	21		1,140.79	54.32	.002	71.30	.09
SURGERY	4	5		262.10	52.42	.000	65.53	.02
PATHOLOGY	27	126		1,221.52	9.69	.010	45.24	.10
RADIOLOGY	27	42		4,666.67	111.11	.003	172.84	.38
ROOM USE	22	24		1,038.47	43.27	.002	47.20	.08
CROSSOVERS/ALL OTH OUTPTNT	444	1,733		46,542.89	26.86	.142	104.83	3.80
@STATE HOSPITAL	8	233	\$	139,197.74	\$ 597.42	.019	\$ 17399.72	\$ 11.38

MENTALLY ILL	8	233		139,197.74		597.42	.019	17399.72	11.38
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1,413	39,630	\$	4,393,904.24	\$	110.87	3.239	\$ 3109.63	\$ 359.10
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	4	122		13,276.04		108.82	.010	3319.01	1.08
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,409	39,508		4,380,628.20		110.88	3.229	3109.03	358.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	130	174	\$	77,846.70	\$	447.39	.014	\$ 598.82	\$ 6.36
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	130	174		77,846.70		447.39	.014	598.82	6.36
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	70	245	\$	2,474.05	\$	10.10	.020	\$ 35.34	\$ .20
PATHOLOGY	48	206		2,077.29		10.08	.017	43.28	.17
XO AND OTHERS	22	39		396.76		10.17	.003	18.03	.03
@ORGANIZED OUTPATIENT CLINIC	1,772	3,694	\$	124,913.90	\$	33.82	.302	\$ 70.49	\$ 10.21
CLINIC	13	234		4,567.53		19.52	.019	351.35	.37
SURGICENTER	42	80		8,883.09		111.04	.007	211.50	.73
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,725	3,380		111,463.28		32.98	.276	64.62	9.11

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,460  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL AGED

						----- MONTHLY AVERAGE -----		
12,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,329	123,365	\$ 444,891.63	\$ 3.61	10.082	\$ 191.02	\$ 36.36	
DURABLE MED. EQUIP.	79	193	24,603.35	127.48	.016	311.43	2.01	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	64	81	8,249.11	101.84	.007	128.89	.67	
MEDICAL TRANSPORTATION	211	22,025	89,375.23	4.06	1.800	423.58	7.30	
AMBULANCES/AIR TRANS	8	54	891.49	16.51	.004	111.44	.07	
OTHER TRANS	163	21,727	87,510.73	4.03	1.776	536.88	7.15	
OTHER SERVICES	50	244	973.01	3.99	.020	19.46	.08	
ACUPUNCTURE	4	7	135.14	19.31	.001	33.79	.01	
ADULT DAY HEALTH CARE CTR	12	211	14,681.38	69.58	.017	1223.45	1.20	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	275	1,846	122,578.72	66.40	.151	445.74	10.02	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	251	595	7,077.74	11.90	.049	28.20	.58	
PHYSICAL THERAPIST	3	28	390.10	13.93	.002	130.03	.03	
PORTABLE X-RAY	44	64	39.87	.62	.005	.91	.00	
PROSTHETIST/ORTHOTISTS	16	50	798.85	15.98	.004	49.93	.07	
PROSTHETICS	16	50	798.85	15.98	.004	49.93	.07	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	1	20.31	20.31	.000	20.31	.00	
SPEECH AND AUDIOLOGY	69	145	10,869.72	74.96	.012	157.53	.89	
HOSPICE SERVICES	43	914	102,362.03	111.99	.075	2380.51	8.37	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	1	5	64.55	12.91	.000	64.55	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,470	97,200	63,645.53	.65	7.944	43.30	5.20
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	3,935	52,035	\$ 743,183.48	\$ 14.28	4.253	\$ 188.86	\$ 60.74

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,461
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

794 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	675	18,724	\$ 675,921.54	\$ 36.10	23.582	\$ 1001.37	\$ 851.29
@PHYSICIANS SERVICES	193	711	\$ 35,328.87	\$ 49.69	.895	\$ 183.05	\$ 44.49
OUTPATIENT VISITS	60	82	3,167.55	38.63	.103	52.79	3.99
OFFICE VISITS	47	62	2,050.18	33.07	.078	43.62	2.58
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.003	68.35	.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	9	675.98	75.11	.011	225.33	.85
OTHER OUTPATIENT	8	9	304.69	33.85	.011	38.09	.38
INPATIENT VISITS	15	80	3,885.09	48.56	.101	259.01	4.89
HOSPITAL VISITS	14	75	3,463.99	46.19	.094	247.43	4.36
CRITICAL CARE	1	3	302.10	100.70	.004	302.10	.38
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.003	59.50	.15
OPHTHALMOLOGICAL SERVICES	13	12	466.63	38.89	.015	35.89	.59
EXAMINATIONS	13	12	466.63	38.89	.015	35.89	.59
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	51	3,150.41	61.77	.064	350.05	3.97
PRINCIPAL SURGEON	8	9	1,993.00	221.44	.011	249.13	2.51
ASSISTANT SURGEON	1	1	107.22	107.22	.001	107.22	.14
ANESTHESIOLOGIST	5	41	1,050.19	25.61	.052	210.04	1.32
OUTPATIENT SURGERY	15	37	8,106.88	219.10	.047	540.46	10.21
PRINCIPAL SURGEON	12	20	7,410.33	370.52	.025	617.53	9.33
ASSISTANT SURGEON	1	1	244.60	244.60	.001	244.60	.31
ANESTHESIOLOGIST	3	16	451.95	28.25	.020	150.65	.57
DIALYSIS	16	50	3,690.53	73.81	.063	230.66	4.65
PATHOLOGY	1	1	8.08	8.08	.001	8.08	.01
RADIOLOGY	54	124	7,200.96	58.07	.156	133.35	9.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	12.43	6.22	.003	12.43	.02
OTHER SERVICES/ALL X-OVERS	98	272	5,640.31	20.74	.343	57.55	7.10
@PHARMACY	514	7,445	\$ 205,485.13	\$ 27.60	9.377	\$ 399.78	\$ 258.80
PRESCRIPTION DRUGS	492	2,177	192,652.21	88.49	2.742	391.57	242.64
SNF/ICF	9	134	7,719.80	57.61	.169	857.76	9.72
OUTPATIENTS	484	2,043	184,932.41	90.52	2.573	382.09	232.91
MEDICAL SUPPLIES	110	5,268	12,832.92	2.44	6.635	116.66	16.16
@DENTIST	20	80	\$ 3,359.00	\$ 41.99	.101	\$ 167.95	\$ 4.23
VISITS - DIAGNOSTIC	11	50	568.00	11.36	.063	51.64	.72
ORAL SURGERY	3	3	296.00	98.67	.004	98.67	.37
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	4	4	409.00	102.25	.005	102.25	.52
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	117.00	58.50	.003	117.00	.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	21	1,969.00	93.76	.026	328.17	2.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,462  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

794 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	26 \$	482.96	\$ 18.58	.033	\$ 60.37	\$ .61
DIAGNOSTIC AND ANC. PROCED	4	5	152.23	30.45	.006	38.06	.19
EYE APPLIANCES	6	21	330.73	15.75	.026	55.12	.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	14 \$	200.64	\$ 14.33	.018	\$ 50.16	\$ .25
VISITS	4	14	200.64	14.33	.018	50.16	.25
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	30 \$	529.36	\$ 17.65	.038	\$ 27.86	\$ .67
MEDICINE/INJECTIONS	11	19	444.00	23.37	.024	40.36	.56
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	8.65	8.65	.001	8.65	.01
OTHER	8	10	76.71	7.67	.013	9.59	.10
@HOME HEALTH AGENCY	29	2,460 \$	74,862.73	\$ 30.43	3.098	\$ 2581.47	\$ 94.29
NURSE ANESTHESIST	1	3 \$	81.77	\$ 27.26	.004	\$ 81.77	\$ .10
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	17	46 \$	672.28	\$ 14.61	.058	\$ 39.55	\$ .85
@TOTAL HOSPITAL	97	545 \$	197,989.17	\$ 363.28	.686	\$ 2041.13	\$ 249.36
HOSP INPATIENT TOTAL	24	97	185,929.25	1916.80	.122	7747.05	234.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	15	97	178,552.92	1840.75	.122	11903.53	224.88
ACCOMMODATIONS	15	97	46,992.23	484.46	.122	3132.82	59.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	97	46,992.23	484.46	.122	3132.82	59.18
ANCILLARIES	15	0	131,560.69	.00	.000	8770.71	165.69
INPATIENT CROSSOVERS	9	0	7,376.33	.00	.000	819.59	9.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	448	12,059.92	26.92	.564	141.88	15.19
MEDICAL	30	61	2,742.17	44.95	.077	91.41	3.45
SURGERY	13	13	794.45	61.11	.016	61.11	1.00
PATHOLOGY	37	178	2,193.88	12.33	.224	59.29	2.76
RADIOLOGY	33	41	2,860.18	69.76	.052	86.67	3.60
ROOM USE	37	44	1,853.01	42.11	.055	50.08	2.33
CROSSOVERS/ALL OTH OUTPTNT	36	111	1,616.23	14.56	.140	44.90	2.04
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,463  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

794 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	97	545	\$ 197,989.17	\$ 363.28	.686 \$ 2041.13 \$ 249.36
COMM HOSP INPATIENT TOTAL	24	97	185,929.25	1916.80	.122 7747.05 234.17
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	15	97	178,552.92	1840.75	.122 11903.53 224.88
ACCOMMODATIONS	15	97	46,992.23	484.46	.122 3132.82 59.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	15	97	46,992.23	484.46	.122 3132.82 59.18
ANCILLARIES	15	0	131,560.69	.00	.000 8770.71 165.69
INPATIENT CROSSOVERS	9	0	7,376.33	.00	.000 819.59 9.29
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	85	448	12,059.92	26.92	.564 141.88 15.19
MEDICAL	30	61	2,742.17	44.95	.077 91.41 3.45
SURGERY	13	13	794.45	61.11	.016 61.11 1.00
PATHOLOGY	37	178	2,193.88	12.33	.224 59.29 2.76
RADIOLOGY	33	41	2,860.18	69.76	.052 86.67 3.60
ROOM USE	37	44	1,853.01	42.11	.055 50.08 2.33
CROSSOVERS/ALL OTH OUTPTNT	36	111	1,616.23	14.56	.140 44.90 2.04
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	4	139	\$ 16,599.15	\$ 119.42	.175 \$ 4149.79 \$ 20.91
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	4	139	16,599.15	119.42	.175 4149.79 20.91
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	38	1,019	\$ 64,555.55	\$ 63.35	1.283 \$ 1698.83 \$ 81.30
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	38	1,019	64,555.55	63.35	1.283 1698.83 81.30
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00



INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	59	270	\$	3,155.09	\$	11.69		.340	\$	53.48	\$	3.97
PATHOLOGY	59	270		3,155.09		11.69		.340		53.48		3.97
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	186	373	\$	25,155.81	\$	67.44		.470	\$	135.25	\$	31.68
CLINIC	1	7		326.42		46.63		.009		326.42		.41
SURGICENTER	4	15		1,031.55		68.77		.019		257.89		1.30
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	183	351		23,797.84		67.80		.442		130.04		29.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004											
MOP024	FEE-FOR-SERVICE/DENTAL											
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL BLIND											

PAGE 18,464  
03/14/05

794 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	160	5,563	\$ 47,464.03	\$ 8.53	7.006	\$ 296.65	\$ 59.78
DURABLE MED. EQUIP.	24	47	11,339.29	241.26	.059	472.47	14.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	10	1,485.17	148.52	.013	297.03	1.87
MEDICAL TRANSPORTATION	50	5,146	24,678.51	4.80	6.481	493.57	31.08
AMBULANCES/AIR TRANS	17	151	3,526.86	23.36	.190	207.46	4.44
OTHER TRANS	36	4,993	21,124.15	4.23	6.288	586.78	26.60
OTHER SERVICES	1	2	27.50	13.75	.003	27.50	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	73.06	73.06	.001	73.06	.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	17	90	7,422.19	82.47	.113	436.60	9.35
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	24	321.22	13.38	.030	40.15	.40
PHYSICAL THERAPIST	5	31	446.88	14.42	.039	89.38	.56
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	80.69	80.69	.001	80.69	.10

PROSTHETICS	1	1	80.69	80.69	.001	80.69	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	72.70	36.35	.003	36.35	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	82	462.17	5.64	.103	57.77	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	129	1,082.15	8.39	.162	20.04	1.36
@CALIF. CHILDREN SERVICES*	23	112	\$ 18,366.16	\$ 163.98	.141	\$ 798.53	\$ 23.13
@XOVER EXCLUDING STATE HOSP**	125	437	\$ 29,926.11	\$ 68.48	.550	\$ 239.41	\$ 37.69

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,465

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

43,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	40,288	817,137	\$ 31,256,032.85	\$ 38.25	18.715	\$ 775.81	\$ 715.85
@PHYSICIANS SERVICES	10,424	40,411	\$ 1,285,246.18	\$ 31.80	.926	\$ 123.30	\$ 29.44
OUTPATIENT VISITS	3,680	5,170	177,655.21	34.36	.118	48.28	4.07
OFFICE VISITS	3,194	4,461	145,427.66	32.60	.102	45.53	3.33
HOME VISITS	31	36	1,788.40	49.68	.001	57.69	.04
EMERGENCY ROOM	200	229	14,896.36	65.05	.005	74.48	.34
PREVENTIVE CARE	3	3	106.77	35.59	.000	35.59	.00
OB VISITS/COMPRE PERI	34	45	4,253.44	94.52	.001	125.10	.10
OTHER OUTPATIENT	318	396	11,182.58	28.24	.009	35.17	.26
INPATIENT VISITS	590	2,537	122,582.03	48.32	.058	207.77	2.81
HOSPITAL VISITS	508	2,016	88,391.55	43.85	.046	174.00	2.02
CRITICAL CARE	57	225	27,573.28	122.55	.005	483.74	.63
SNF/ICF/TRANS IP CARE	81	296	6,617.20	22.36	.007	81.69	.15
OPHTHALMOLOGICAL SERVICES	357	467	17,865.91	38.26	.011	50.04	.41
EXAMINATIONS	354	461	17,710.62	38.42	.011	50.03	.41
SERVICES AND MATERIALS	6	6	155.29	25.88	.000	25.88	.00
INPATIENT HOSPITAL SURGERY	363	2,116	196,244.76	92.74	.048	540.62	4.49
PRINCIPAL SURGEON	285	440	151,117.32	343.45	.010	530.24	3.46
ASSISTANT SURGEON	47	48	11,441.20	238.36	.001	243.43	.26
ANESTHESIOLOGIST	125	1,628	33,686.24	20.69	.037	269.49	.77
OUTPATIENT SURGERY	564	1,448	144,273.24	99.64	.033	255.80	3.30
PRINCIPAL SURGEON	473	628	125,092.04	199.19	.014	264.47	2.86
ASSISTANT SURGEON	6	6	849.41	141.57	.000	141.57	.02
ANESTHESIOLOGIST	122	814	18,331.79	22.52	.019	150.26	.42
DIALYSIS	91	260	23,362.82	89.86	.006	256.73	.54
PATHOLOGY	371	772	14,760.67	19.12	.018	39.79	.34
RADIOLOGY	3,355	6,616	261,000.53	39.45	.152	77.79	5.98
PSYCHIATRY	6	6	238.19	39.70	.000	39.70	.01
IMMUNIZATION AND INJECTION	201	1,176	9,768.72	8.31	.027	48.60	.22
OTHER SERVICES/ALL X-OVERS	4,826	19,843	317,494.10	16.00	.454	65.79	7.27
@PHARMACY	30,373	370,799	\$ 15,468,079.77	\$ 41.72	8.492	\$ 509.27	\$ 354.26
PRESCRIPTION DRUGS	29,888	136,338	14,531,123.43	106.58	3.123	486.19	332.80
SNF/ICF	386	3,781	290,917.24	76.94	.087	753.67	6.66
OUTPATIENTS	29,548	132,557	14,240,206.19	107.43	3.036	481.93	326.14

MEDICAL SUPPLIES	3,319	234,461		936,956.34	4.00	5.370	282.30	21.46
@DENTIST	1,947	8,976	\$	380,211.24	\$ 42.36	.206	\$ 195.28	\$ 8.71
VISITS - DIAGNOSTIC	1,230	5,294		64,940.54	12.27	.121	52.80	1.49
ORAL SURGERY	312	988		53,723.00	54.38	.023	172.19	1.23
DRUGS	10	10		215.00	21.50	.000	21.50	.00
ANESTHESIA	14	14		1,390.00	99.29	.000	99.29	.03
PERIODONTICS	117	125		13,870.00	110.96	.003	118.55	.32
ENDODONTICS	106	158		35,625.00	225.47	.004	336.08	.82
RESTORATIVE DENTISTRY	549	1,495		92,934.70	62.16	.034	169.28	2.13
PROSTHETICS	15	17		950.00	55.88	.000	63.33	.02
DENTURES, STAYPLATES	273	715		108,877.00	152.28	.016	398.82	2.49
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3		146.00	48.67	.000	48.67	.00
FRACTURES, DISLOCATIONS	1	1		500.00	500.00	.000	500.00	.01
ORTHODONTIC SERVICES	55	77		6,815.00	88.51	.002	123.91	.16
ALL OTHER SERVICES	78	79		225.00	2.85	.002	2.88	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,466	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED							

	43,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,122	3,285	\$	67,659.90	\$ 20.60	.075	\$ 60.30	\$ 1.55
DIAGNOSTIC AND ANC. PROCED	565	677		24,470.79	36.15	.016	43.31	.56
EYE APPLIANCES	899	2,540		41,328.47	16.27	.058	45.97	.95
OTHER OPTOMETRIC SERVICES	49	68		1,860.64	27.36	.002	37.97	.04
@CHIROPRACITOR	352	1,094	\$	17,019.61	\$ 15.56	.025	\$ 48.35	\$ .39
VISITS	332	1,054		16,519.36	15.67	.024	49.76	.38
OTHER SERVICES	20	40		500.25	12.51	.001	25.01	.01
@PODIATRIST	217	254	\$	2,861.11	\$ 11.26	.006	\$ 13.18	\$ .07
MEDICINE/INJECTIONS	43	44		1,153.60	26.22	.001	26.83	.03
SURGERY/ANES.	2	2		265.45	132.73	.000	132.73	.01
RADIO./PATHOLOGY	3	3		51.90	17.30	.000	17.30	.00
OTHER	172	205		1,390.16	6.78	.005	8.08	.03
@HOME HEALTH AGENCY	297	3,551	\$	165,256.30	\$ 46.54	.081	\$ 556.42	\$ 3.78
NURSE ANESTHESIST	28	300	\$	2,591.97	\$ 8.64	.007	\$ 92.57	\$ .06
NURSE MIDWIFE	11	22	\$	10,329.07	\$ 469.50	.001	\$ 939.01	\$ .24
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$ .00
FAMILY NURSE PRACTITIONER	1,246	2,965	\$	43,922.24	\$ 14.81	.068	\$ 35.25	\$ 1.01
@TOTAL HOSPITAL	6,358	36,387	\$	8,250,315.57	\$ 226.74	.833	\$ 1297.63	\$ 188.95
HOSP INPATIENT TOTAL	866	3,655		7,117,369.25	1947.30	.084	8218.67	163.01
HSC HOSPITALS	100	595		751,847.10	1263.61	.014	7518.47	17.22
NON-HSC HOSPITAL TOTAL	539	3,060		6,156,618.19	2011.97	.070	11422.30	141.00
ACCOMMODATIONS	538	3,060		1,553,745.68	507.76	.070	2888.00	35.58
ADMINISTRATIVE DAYS	4	22		4,894.39	222.47	.001	1223.60	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	534	3,038		1,548,851.29	509.83	.070	2900.47	35.47
ANCILLARIES	539	0		4,602,872.51	.00	.000	8539.65	105.42
INPATIENT CROSSOVERS	239	0		208,903.96	.00	.000	874.08	4.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,861	32,732		1,132,946.32	34.61	.750	193.30	25.95
MEDICAL	1,962	4,089		199,083.47	48.69	.094	101.47	4.56
SURGERY	455	564		28,883.25	51.21	.013	63.48	.66
PATHOLOGY	2,208	11,818		144,953.98	12.27	.271	65.65	3.32
RADIOLOGY	2,329	3,720		310,150.87	83.37	.085	133.17	7.10
ROOM USE	2,196	3,167		129,692.23	40.95	.073	59.06	2.97

CROSSOVERS/ALL OTH OUTPTNT	2,368	9,374		320,182.52	34.16	.215	135.21	7.33
@COUNTY HOSPITAL TOTAL	13	74	\$	43,142.46	\$ 583.01	.002	\$ 3318.65	\$ .99
CO HOSPITAL INPATIENT TOTAL	1	31		41,912.00	1352.00	.001	41912.00	.96
HSC HOSPITALS	1	31		41,912.00	1352.00	.001	41912.00	.96
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	43		1,230.46	28.62	.001	102.54	.03
MEDICAL	3	4		160.59	40.15	.000	53.53	.00
SURGERY	1	1		4.37	4.37	.000	4.37	.00
PATHOLOGY	1	15		223.02	14.87	.000	223.02	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	3		105.36	35.12	.000	35.12	.00
CROSSOVERS/ALL OTH OUTPTNT	8	20		737.12	36.86	.000	92.14	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,467  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL DISABLED

						----- MONTHLY AVERAGE -----		
43,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,348	36,313	\$ 8,207,173.11	\$ 226.01	.832	\$ 1292.88	\$ 187.97	
COMM HOSP INPATIENT TOTAL	865	3,624	7,075,457.25	1952.39	.083	8179.72	162.05	
HSC HOSPITALS	99	564	709,935.10	1258.75	.013	7171.06	16.26	
NON-HSC HOSPITALS TOTAL	539	3,060	6,156,618.19	2011.97	.070	11422.30	141.00	
ACCOMMODATIONS	538	3,060	1,553,745.68	507.76	.070	2888.00	35.58	
ADMINISTRATIVE DAYS	4	22	4,894.39	222.47	.001	1223.60	.11	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	534	3,038	1,548,851.29	509.83	.070	2900.47	35.47	
ANCILLARIES	539	0	4,602,872.51	.00	.000	8539.65	105.42	
INPATIENT CROSSOVERS	239	0	208,903.96	.00	.000	874.08	4.78	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,852	32,689	1,131,715.86	34.62	.749	193.39	25.92	
MEDICAL	1,959	4,085	198,922.88	48.70	.094	101.54	4.56	
SURGERY	454	563	28,878.88	51.29	.013	63.61	.66	
PATHOLOGY	2,207	11,803	144,730.96	12.26	.270	65.58	3.31	
RADIOLOGY	2,329	3,720	310,150.87	83.37	.085	133.17	7.10	
ROOM USE	2,193	3,164	129,586.87	40.96	.072	59.09	2.97	
CROSSOVERS/ALL OTH OUTPTNT	2,363	9,354	319,445.40	34.15	.214	135.19	7.32	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	329	7,820	\$ 1,467,161.64	\$ 187.62	.179	\$ 4459.46	\$ 33.60	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	9	253	29,081.96	114.95	.006	3231.33	.67	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	21	731	436,408.77	597.00	.017	20781.37	9.99	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	299	6,836	1,001,670.91	146.53	.157	3350.07	22.94	
@INTERMEDIATE CARE FACIL.-DD	61	1,858	\$ 338,514.54	\$ 182.19	.043	\$ 5549.42	\$ 7.75	
ICF DDH	24	730	115,298.20	157.94	.017	4804.09	2.64	
ICF DD	0	0	.00	.00	.000	.00	.00	

ICF DDN/DDCN	37	1,128		223,216.34		197.89	.026	6032.87	5.11
@HEMODIALYSIS TOTAL	303	16,083	\$	503,228.66	\$	31.29	.368	\$ 1660.82	\$ 11.53
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	303	16,083		503,228.66		31.29	.368	1660.82	11.53
@REHABILITATION FACILITY	15	26	\$	1,172.88	\$	45.11	.001	\$ 78.19	\$ .03
HOSPITAL BASED	13	23		1,082.01		47.04	.001	83.23	.02
INDEPENDENT FACILITY	2	3		90.87		30.29	.000	45.44	.00
@LABORATORY FACILITY	3,277	14,767	\$	167,773.70	\$	11.36	.338	\$ 51.20	\$ 3.84
PATHOLOGY	3,261	14,736		167,580.43		11.37	.337	51.39	3.84
XO AND OTHERS	17	31		193.27		6.23	.001	11.37	.00
@ORGANIZED OUTPATIENT CLINIC	11,740	24,004	\$	1,676,616.85	\$	69.85	.550	\$ 142.81	\$ 38.40
CLINIC	216	1,303		28,735.70		22.05	.030	133.04	.66
SURGICENTER	122	463		24,130.86		52.12	.011	197.79	.55
HEROIN DETOX CLINIC	5	45		558.39		12.41	.001	111.68	.01
RURAL HEALTH CLINIC	11,482	22,193		1,623,191.90		73.14	.508	141.37	37.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,468
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

						----- MONTHLY AVERAGE -----		
43,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,865	284,534	\$ 1,408,014.42	\$ 4.95	6.517	\$ 205.10	\$ 32.25	
DURABLE MED. EQUIP.	855	2,661	289,257.39	108.70	.061	338.31	6.62	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	97	117	12,669.46	108.29	.003	130.61	.29	
MEDICAL TRANSPORTATION	1,135	31,338	240,925.98	7.69	.718	212.27	5.52	
AMBULANCES/AIR TRANS	891	7,680	130,772.91	17.03	.176	146.77	3.00	
OTHER TRANS	190	23,237	99,420.98	4.28	.532	523.27	2.28	
OTHER SERVICES	100	421	10,732.09	25.49	.010	107.32	.25	
ACUPUNCTURE	31	77	1,114.75	14.48	.002	35.96	.03	
ADULT DAY HEALTH CARE CTR	17	150	10,447.44	69.65	.003	614.56	.24	
GENETIC DISEASE TESTING	4	4	420.00	105.00	.000	105.00	.01	
IHMC,MODEL-NF,NF,AIDS,MSSP	281	10,187	374,657.58	36.78	.233	1333.30	8.58	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	965	2,221	23,608.99	10.63	.051	24.47	.54	
PHYSICAL THERAPIST	41	208	3,035.88	14.60	.005	74.05	.07	
PORTABLE X-RAY	19	31	349.21	11.26	.001	18.38	.01	
PROSTHETIST/ORTHOTISTS	180	417	39,770.73	95.37	.010	220.95	.91	
PROSTHETICS	179	414	39,744.48	96.00	.009	222.04	.91	
ORTHOTICS	1	3	26.25	8.75	.000	26.25	.00	
PSYCHOLOGIST	2	5	151.93	30.39	.000	75.97	.00	
SPEECH AND AUDIOLOGY	268	1,006	38,166.25	37.94	.023	142.41	.87	
HOSPICE SERVICES	44	955	110,222.58	115.42	.022	2505.06	2.52	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	930	30,678	110,661.26	3.61	.703	118.99	2.53	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	2,600	204,479	152,554.99	.75	4.683	58.67	3.49	
@CALIF. CHILDREN SERVICES*	419	9,423	\$ 1,432,814.64	\$ 152.06	.216	\$ 3419.61	\$ 32.82	
@XOVER EXCLUDING STATE HOSP**	5,583	47,372	\$ 799,935.53	\$ 16.89	1.085	\$ 143.28	\$ 18.32	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## YUBA COUNTY

## SUMMARY OF SERVICES FOR ALL FAMILIES

134,989 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	70,674	330,052	\$ 19,961,928.08	\$ 60.48	2.445	\$ 282.45	\$ 147.88
@PHYSICIANS SERVICES	14,690	44,495	\$ 1,802,735.00	\$ 40.52	.330	\$ 122.72	\$ 13.35
OUTPATIENT VISITS	7,167	9,378	368,721.67	39.32	.069	51.45	2.73
OFFICE VISITS	6,050	7,837	271,142.51	34.60	.058	44.82	2.01
HOME VISITS	11	11	567.60	51.60	.000	51.60	.00
EMERGENCY ROOM	499	541	30,070.76	55.58	.004	60.26	.22
PREVENTIVE CARE	5	5	201.69	40.34	.000	40.34	.00
OB VISITS/COMPRE PERI	491	746	59,900.22	80.30	.006	122.00	.44
OTHER OUTPATIENT	222	238	6,838.89	28.73	.002	30.81	.05
INPATIENT VISITS	766	2,405	168,112.96	69.90	.018	219.47	1.25
HOSPITAL VISITS	713	1,757	79,468.89	45.23	.013	111.46	.59
CRITICAL CARE	114	647	88,589.99	136.92	.005	777.11	.66
SNF/ICF/TRANS IP CARE	1	1	54.08	54.08	.000	54.08	.00
OPHTHALMOLOGICAL SERVICES	362	452	19,041.81	42.13	.003	52.60	.14
EXAMINATIONS	357	447	18,936.81	42.36	.003	53.04	.14
SERVICES AND MATERIALS	5	5	105.00	21.00	.000	21.00	.00
INPATIENT HOSPITAL SURGERY	928	3,959	529,577.15	133.77	.029	570.67	3.92
PRINCIPAL SURGEON	590	778	428,793.14	551.15	.006	726.77	3.18
ASSISTANT SURGEON	135	135	23,711.68	175.64	.001	175.64	.18
ANESTHESIOLOGIST	390	3,046	77,072.33	25.30	.023	197.62	.57
OUTPATIENT SURGERY	1,060	2,622	201,093.15	76.69	.019	189.71	1.49
PRINCIPAL SURGEON	893	1,216	165,868.00	136.40	.009	185.74	1.23
ASSISTANT SURGEON	12	12	1,336.17	111.35	.000	111.35	.01
ANESTHESIOLOGIST	249	1,394	33,888.98	24.31	.010	136.10	.25
DIALYSIS	4	22	926.10	42.10	.000	231.53	.01
PATHOLOGY	502	912	14,488.37	15.89	.007	28.86	.11
RADIOLOGY	5,754	8,922	297,046.59	33.29	.066	51.62	2.20
PSYCHIATRY	4	4	173.24	43.31	.000	43.31	.00

134,989 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,455	4,252	\$ 92,838.30	\$ 21.83	.031	\$ 63.81	\$ .69
DIAGNOSTIC AND ANC. PROCED	1,070	1,242	48,390.61	38.96	.009	45.22	.36
EYE APPLIANCES	1,075	2,991	43,810.76	14.65	.022	40.75	.32
OTHER OPTOMETRIC SERVICES	17	19	636.93	33.52	.000	37.47	.00
@CHIROPRACTOR	466	1,133	\$ 17,990.72	\$ 15.88	.008	\$ 38.61	\$ .13
VISITS	466	1,133	17,990.72	15.88	.008	38.61	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	16	\$ 483.10	\$ 30.19	.000	\$ 37.16	\$ .00
MEDICINE/INJECTIONS	12	14	448.50	32.04	.000	37.38	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	582	1,417	\$ 83,447.41	\$ 58.89	.010	\$ 143.38	\$ .62
NURSE ANESTHESIST	37	334	\$ 4,162.25	\$ 12.46	.002	\$ 112.49	\$ .03
NURSE MIDWIFE	136	208	\$ 105,442.66	\$ 506.94	.002	\$ 775.31	\$ .78
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	1,657	3,745	\$ 63,390.79	\$ 16.93	.028	\$ 38.26	\$ .47
@TOTAL HOSPITAL	10,199	48,271	\$ 7,540,821.15	\$ 156.22	.358	\$ 739.37	\$ 55.86
HOSP INPATIENT TOTAL	1,008	4,189	6,202,447.16	1480.65	.031	6153.22	45.95
HSC HOSPITALS	177	1,213	1,736,208.96	1431.33	.009	9809.09	12.86
NON-HSC HOSPITAL TOTAL	841	2,976	4,463,911.99	1499.97	.022	5307.86	33.07
ACCOMMODATIONS	841	2,976	1,360,661.72	457.21	.022	1617.91	10.08
ADMINISTRATIVE DAYS	1	31	6,870.84	221.64	.000	6870.84	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	840	2,945	1,353,790.88	459.69	.022	1611.66	10.03
ANCILLARIES	839	0	3,103,250.27	.00	.000	3698.75	22.99
INPATIENT CROSSOVERS	4	0	2,326.21	.00	.000	581.55	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	9,610	44,082	1,338,373.99	30.36	.327	139.27	9.91
MEDICAL	3,131	4,549	238,753.59	52.48	.034	76.25	1.77
SURGERY	889	1,097	61,959.26	56.48	.008	69.70	.46
PATHOLOGY	3,649	14,535	183,564.40	12.63	.108	50.31	1.36
RADIOLOGY	4,182	5,548	332,858.92	60.00	.041	79.59	2.47
ROOM USE	5,326	7,380	290,959.51	39.43	.055	54.63	2.16
CROSSOVERS/ALL OTH OUTPTNT	3,337	10,973	230,278.31	20.99	.081	69.01	1.71
@COUNTY HOSPITAL TOTAL	28	189	\$ 16,535.90	\$ 87.49	.001	\$ 590.57	\$ .12
CO HOSPITAL INPATIENT TOTAL	3	9	10,650.02	1183.34	.000	3550.01	.08
HSC HOSPITALS	3	9	10,650.02	1183.34	.000	3550.01	.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	180	5,885.88	32.70	.001	218.00	.04
MEDICAL	9	12	700.47	58.37	.000	77.83	.01
SURGERY	10	13	549.17	42.24	.000	54.92	.00
PATHOLOGY	10	71	1,355.21	19.09	.001	135.52	.01
RADIOLOGY	5	6	421.85	70.31	.000	84.37	.00
ROOM USE	23	41	2,360.88	57.58	.000	102.65	.02
CROSSOVERS/ALL OTH OUTPTNT	14	37	498.30	13.47	.000	35.59	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,471  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----		
134,989 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,173	48,082	\$ 7,524,285.25	\$ 156.49	.356	\$ 739.63	\$ 55.74
COMM HOSP INPATIENT TOTAL	1,005	4,180	6,191,797.14	1481.29	.031	6160.99	45.87
HSC HOSPITALS	174	1,204	1,725,558.94	1433.19	.009	9917.01	12.78
NON-HSC HOSPITALS TOTAL	841	2,976	4,463,911.99	1499.97	.022	5307.86	33.07
ACCOMMODATIONS	841	2,976	1,360,661.72	457.21	.022	1617.91	10.08
ADMINISTRATIVE DAYS	1	31	6,870.84	221.64	.000	6870.84	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	840	2,945	1,353,790.88	459.69	.022	1611.66	10.03
ANCILLARIES	839	0	3,103,250.27	.00	.000	3698.75	22.99
INPATIENT CROSSOVERS	4	0	2,326.21	.00	.000	581.55	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,584	43,902	1,332,488.11	30.35	.325	139.03	9.87
MEDICAL	3,123	4,537	238,053.12	52.47	.034	76.23	1.76
SURGERY	879	1,084	61,410.09	56.65	.008	69.86	.45
PATHOLOGY	3,639	14,464	182,209.19	12.60	.107	50.07	1.35
RADIOLOGY	4,177	5,542	332,437.07	59.99	.041	79.59	2.46
ROOM USE	5,304	7,339	288,598.63	39.32	.054	54.41	2.14
CROSSOVERS/ALL OTH OUTPTNT	3,323	10,936	229,780.01	21.01	.081	69.15	1.70
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	7	\$ 839.00	\$ 119.86	.000	\$ 839.00	\$ .01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	7	839.00	119.86	.000	839.00	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	120	12,479.46	104.00	.001	1247.95	.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	120	12,479.46	104.00	.001	1247.95	.09
@REHABILITATION FACILITY	17	30	1,517.17	50.57	.000	89.25	.01
HOSPITAL BASED	17	30	1,517.17	50.57	.000	89.25	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5,132	16,830	234,746.86	13.95	.125	45.74	1.74
PATHOLOGY	5,132	16,830	234,746.86	13.95	.125	45.74	1.74
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27,588	47,603	3,854,987.85	80.98	.353	139.73	28.56
CLINIC	1,270	5,807	128,186.96	22.07	.043	100.93	.95
SURGICENTER	112	530	19,626.82	37.03	.004	175.24	.15
HEROIN DETOX CLINIC	7	86	1,056.84	12.29	.001	150.98	.01
RURAL HEALTH CLINIC	26,389	41,180	3,706,117.23	90.00	.305	140.44	27.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,472
MPO24	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
134,989 ELIGIBLES							
@ALL OTHER PROVIDERS	7,667	47,844	\$ 603,883.41	\$ 12.62	.354	\$ 78.76	\$ 4.47
DURABLE MED. EQUIP.	495	1,033	72,778.23	70.45	.008	147.03	.54
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	12	943.12	78.59	.000	117.89	.01
MEDICAL TRANSPORTATION	846	9,306	186,307.84	20.02	.069	220.22	1.38
AMBULANCES/AIR TRANS	834	8,747	129,144.73	14.76	.065	154.85	.96
OTHER TRANS	6	512	3,420.18	6.68	.004	570.03	.03
OTHER SERVICES	45	47	53,742.93	1143.47	.000	1194.29	.40
ACUPUNCTURE	19	35	573.08	16.37	.000	30.16	.00
ADULT DAY HEALTH CARE CTR	1	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	146	146	15,330.00	105.00	.001	105.00	.11
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,201	2,594	23,640.49	9.11	.019	19.68	.18
PHYSICAL THERAPIST	68	460	6,739.74	14.65	.003	99.11	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	129	193	18,985.86	98.37	.001	147.18	.14
PROSTHETICS	129	193	18,985.86	98.37	.001	147.18	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	244	477	26,564.55	55.69	.004	108.87	.20
HOSPICE SERVICES	3	11	1,381.38	125.58	.000	460.46	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,428	23,939	241,540.53	10.09	.177	54.55	1.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	243	9,634	9,022.62	.94	.071	37.13	.07
@CALIF. CHILDREN SERVICES*	354	9,147	\$ 993,383.50	\$ 108.60	.068	\$ 2806.17	\$ 7.36

@XOVER EXCLUDING STATE HOSP\*\* 122 528 \$ 17,823.89 \$ 33.76 .004 \$ 146.10 \$ .13

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,473

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	8,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		5,340	29,678	\$ 1,512,494.37	\$ 50.96	3.453	\$ 283.24	\$ 175.95
@PHYSICIANS SERVICES		1,037	2,706	\$ 115,059.01	\$ 42.52	.315	\$ 110.95	\$ 13.39
OUTPATIENT VISITS		527	682	29,560.73	43.34	.079	56.09	3.44
OFFICE VISITS		424	542	19,629.27	36.22	.063	46.30	2.28
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		44	46	2,518.97	54.76	.005	57.25	.29
PREVENTIVE CARE		1	1	43.85	43.85	.000	43.85	.01
OB VISITS/COMPRE PERI		51	71	6,721.28	94.67	.008	131.79	.78
OTHER OUTPATIENT		18	22	647.36	29.43	.003	35.96	.08
INPATIENT VISITS		78	188	10,482.20	55.76	.022	134.39	1.22
HOSPITAL VISITS		62	136	6,528.46	48.00	.016	105.30	.76
CRITICAL CARE		2	22	3,223.12	146.51	.003	1611.56	.37
SNF/ICF/TRANS IP CARE		14	30	730.62	24.35	.003	52.19	.08
OPHTHALMOLOGICAL SERVICES		32	41	1,732.49	42.26	.005	54.14	.20
EXAMINATIONS		31	40	1,712.49	42.81	.005	55.24	.20
SERVICES AND MATERIALS		1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY		72	387	38,565.33	99.65	.045	535.63	4.49
PRINCIPAL SURGEON		43	47	30,890.79	657.25	.005	718.39	3.59
ASSISTANT SURGEON		10	10	1,479.99	148.00	.001	148.00	.17
ANESTHESIOLOGIST		29	330	6,194.55	18.77	.038	213.61	.72
OUTPATIENT SURGERY		65	149	9,121.99	61.22	.017	140.34	1.06
PRINCIPAL SURGEON		60	79	7,412.06	93.82	.009	123.53	.86
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		15	70	1,709.93	24.43	.008	114.00	.20
DIALYSIS		0	0	.00	.00	.000	.00	.00
PATHOLOGY		38	62	985.90	15.90	.007	25.94	.11
RADIOLOGY		353	506	16,118.47	31.85	.059	45.66	1.88
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		17	31	822.10	26.52	.004	48.36	.10
OTHER SERVICES/ALL X-OVERS		130	660	7,669.80	11.62	.077	59.00	.89
@PHARMACY		2,199	8,048	\$ 276,063.66	\$ 34.30	.936	\$ 125.54	\$ 32.12
PRESCRIPTION DRUGS		2,193	5,036	269,574.53	53.53	.586	122.93	31.36
SNF/ICF		35	484	35,369.62	73.08	.056	1010.56	4.11
OUTPATIENTS		2,167	4,552	234,204.91	51.45	.530	108.08	27.25
MEDICAL SUPPLIES		34	3,012	6,489.13	2.15	.350	190.86	.75
@DENTIST		343	1,863	\$ 51,947.66	\$ 27.88	.217	\$ 151.45	\$ 6.04
VISITS - DIAGNOSTIC		258	1,362	20,093.30	14.75	.158	77.88	2.34
ORAL SURGERY		42	65	5,411.14	83.25	.008	128.84	.63
DRUGS		13	17	323.75	19.04	.002	24.90	.04
ANESTHESIA		1	2	200.00	100.00	.000	200.00	.02
PERIODONTICS		0	0	.00	.00	.000	.00	.00
ENDODONTICS		15	25	3,716.00	148.64	.003	247.73	.43
RESTORATIVE DENTISTRY		118	330	15,973.88	48.41	.038	135.37	1.86
PROSTHETICS		0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES		1	7	288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS		1	2	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	3	3,541.59	1180.53	.000	3541.59	.41
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	28	37	2,325.00	62.84	.004	83.04	.27
ALL OTHER SERVICES	9	13	75.00	5.77	.002	8.33	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,474  
MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

8,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	88	253	\$ 5,448.64	\$ 21.54	.029	\$ 61.92	\$ .63
DIAGNOSTIC AND ANC. PROCED	65	82	2,971.95	36.24	.010	45.72	.35
EYE APPLIANCES	57	166	2,361.26	14.22	.019	41.43	.27
OTHER OPTOMETRIC SERVICES	4	5	115.43	23.09	.001	28.86	.01
@CHIROPRACTOR	9	19	\$ 313.50	\$ 16.50	.002	\$ 34.83	\$ .04
VISITS	9	19	313.50	16.50	.002	34.83	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	31	61	\$ 3,212.25	\$ 52.66	.007	\$ 103.62	\$ .37
NURSE ANESTHESIST	1	7	150.30	21.47	.001	150.30	.02
NURSE MIDWIFE	17	90	6,501.50	72.24	.010	382.44	.76
PEDIATRIC NURSE PRACTITIONER	1	1	108.80	108.80	.000	108.80	.01
FAMILY NURSE PRACTITIONER	15	37	590.09	15.95	.004	39.34	.07
@TOTAL HOSPITAL	736	3,511	\$ 482,027.50	\$ 137.29	.408	\$ 654.93	\$ 56.08
HOSP INPATIENT TOTAL	76	283	394,653.41	1394.54	.033	5192.81	45.91
HSC HOSPITALS	17	84	109,346.55	1301.74	.010	6432.15	12.72
NON-HSC HOSPITAL TOTAL	60	199	285,306.86	1433.70	.023	4755.11	33.19
ACCOMMODATIONS	60	199	98,815.52	496.56	.023	1646.93	11.50

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	60	199	98,815.52	496.56	.023	1646.93	11.50
ANCILLARIES	60	0	186,491.34	.00	.000	3108.19	21.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	680	3,228	87,374.09	27.07	.376	128.49	10.16
MEDICAL	215	316	17,707.66	56.04	.037	82.36	2.06
SURGERY	46	52	2,149.59	41.34	.006	46.73	.25
PATHOLOGY	320	1,400	18,541.47	13.24	.163	57.94	2.16
RADIOLOGY	282	333	17,875.43	53.68	.039	63.39	2.08
ROOM USE	367	494	18,086.81	36.61	.057	49.28	2.10
CROSSOVERS/ALL OTH OUTPTNT	209	633	13,013.13	20.56	.074	62.26	1.51
@COUNTY HOSPITAL TOTAL	2	4	\$ 100.97	\$ 25.24	.000	\$ 50.49	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	100.97	25.24	.000	50.49	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	39.90	19.95	.000	39.90	.00
ROOM USE	1	1	36.50	36.50	.000	36.50	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	24.57	24.57	.000	24.57	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,475  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	8,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	734	3,507	\$	481,926.53	\$ 137.42	.408	\$ 656.58	\$ 56.06
COMM HOSP INPATIENT TOTAL	76	283		394,653.41	1394.54	.033	5192.81	45.91
HSC HOSPITALS	17	84		109,346.55	1301.74	.010	6432.15	12.72
NON-HSC HOSPITALS TOTAL	60	199		285,306.86	1433.70	.023	4755.11	33.19
ACCOMMODATIONS	60	199		98,815.52	496.56	.023	1646.93	11.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	60	199		98,815.52	496.56	.023	1646.93	11.50
ANCILLARIES	60	0		186,491.34	.00	.000	3108.19	21.70
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	678	3,224		87,273.12	27.07	.375	128.72	10.15
MEDICAL	215	316		17,707.66	56.04	.037	82.36	2.06
SURGERY	46	52		2,149.59	41.34	.006	46.73	.25
PATHOLOGY	320	1,400		18,541.47	13.24	.163	57.94	2.16
RADIOLOGY	281	331		17,835.53	53.88	.039	63.47	2.07
ROOM USE	366	493		18,050.31	36.61	.057	49.32	2.10
CROSSOVERS/ALL OTH OUTPTNT	208	632		12,988.56	20.55	.074	62.45	1.51
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	40	1,451	\$	207,574.40	\$ 143.06	.169	\$ 5189.36	\$ 24.15
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,451		207,574.40	143.06	.169	5189.36	24.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	404	1,192	\$	16,248.27	\$ 13.63	.139	\$ 40.22	\$ 1.89
PATHOLOGY	404	1,192		16,248.27	13.63	.139	40.22	1.89
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,276	3,703	\$	321,534.44	\$ 86.83	.431	\$ 141.27	\$ 37.41
CLINIC	79	241		6,729.23	27.92	.028	85.18	.78
SURGICENTER	8	40		1,153.84	28.85	.005	144.23	.13
HEROIN DETOX CLINIC	2	23		291.42	12.67	.003	145.71	.03
RURAL HEALTH CLINIC	2,206	3,399		313,359.95	92.19	.395	142.05	36.45

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,476  
MOP024      FEE-FOR-SERVICE/DENTAL  
YUBA COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT      03/14/05

	8,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@ALL OTHER PROVIDERS	277	6,736	\$	25,714.35	\$ 3.82	.784 \$ 92.83 \$ 2.99
DURABLE MED. EQUIP.	27	38		2,284.94	60.13	.004 84.63 .27
BLOOD BANK	0	0		.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0		.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	59	674		10,695.27	15.87	.078 181.28 1.24
AMBULANCES/AIR TRANS	54	645		8,663.49	13.43	.075 160.44 1.01
OTHER TRANS	6	28		231.78	8.28	.003 38.63 .03
OTHER SERVICES	1	1		1,800.00	1800.00	.000 1800.00 .21
ACUPUNCTURE	0	0		.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	31	31		3,255.00	105.00	.004 105.00 .38
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000 .00 .00
OPTICIAN	62	131		1,189.86	9.08	.015 19.19 .14
PHYSICAL THERAPIST	1	2		21.04	10.52	.000 21.04 .00
PORTABLE X-RAY	0	0		.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	6	11		1,488.95	135.36	.001 248.16 .17
PROSTHETICS	6	11		1,488.95	135.36	.001 248.16 .17
ORTHOTICS	0	0		.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0		.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	19	43		1,699.92	39.53	.005 89.47 .20
HOSPICE SERVICES	0	0		.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000 .00 .00

LOCAL EDUCATION AGENCIES	64	335		3,679.42	10.98	.039	57.49	.43
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	5,471		1,399.95	.26	.636	87.50	.16
@CALIF. CHILDREN SERVICES*	33	787	\$	86,771.79	\$ 110.26	.092	\$ 2629.45	\$ 10.09
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,477
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	12	\$ 858.02	\$ 71.50	.000	\$ 429.01	\$ .00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	12	\$ 858.02	\$ 71.50	.000	\$ 429.01	\$ .00
PRESCRIPTION DRUGS	2	12	858.02	71.50	.000	429.01	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	12	858.02	71.50	.000	429.01	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,478  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      RENAL DIALYSIS      AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,479  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    RENAL DIALYSIS      AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0    \$	.00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,480  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      RENAL DIALYSIS      AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,481
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	.00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,482	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
YUBA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,483  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

YUBA COUNTY      SUMMARY OF SERVICES FOR      TOTAL PARENTERAL NUTRITION      AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,484  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TOTAL PARENTERAL NUTRITION      AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
YUBA COUNTY      SUMMARY OF SERVICES FOR    IRCA ALIENS

PAGE 18,485

03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							

PAGE 18,486  
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,487  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    IRCA ALIENS      AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,488
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,489  
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05  
 YUBA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

790 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	449	2,899	\$ 367,152.23	\$ 126.65	3.670	\$ 817.71	\$ 464.75
@PHYSICIANS SERVICES	190	553	\$ 48,013.82	\$ 86.82	.700	\$ 252.70	\$ 60.78
OUTPATIENT VISITS	58	87	7,099.63	81.60	.110	122.41	8.99
OFFICE VISITS	4	5	253.41	50.68	.006	63.35	.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	7	424.20	60.60	.009	70.70	.54
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	47	67	6,006.82	89.65	.085	127.80	7.60
OTHER OUTPATIENT	2	8	415.20	51.90	.010	207.60	.53
INPATIENT VISITS	33	100	4,719.75	47.20	.127	143.02	5.97
HOSPITAL VISITS	33	98	4,522.82	46.15	.124	137.06	5.73
CRITICAL CARE	1	2	196.93	98.47	.003	196.93	.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	76	22,084.19	290.58	.096	690.13	27.95
PRINCIPAL SURGEON	24	28	19,147.20	683.83	.035	797.80	24.24
ASSISTANT SURGEON	7	7	1,212.25	173.18	.009	173.18	1.53
ANESTHESIOLOGIST	10	41	1,724.74	42.07	.052	172.47	2.18
OUTPATIENT SURGERY	23	55	5,618.33	102.15	.070	244.28	7.11
PRINCIPAL SURGEON	21	30	4,553.22	151.77	.038	216.82	5.76

ASSISTANT SURGEON	1	1	244.60	244.60	.001	244.60	.31
ANESTHESIOLOGIST	5	24	820.51	34.19	.030	164.10	1.04
DIALYSIS	1	1	225.04	225.04	.001	225.04	.28
PATHOLOGY	7	53	990.48	18.69	.067	141.50	1.25
RADIOLOGY	87	141	5,790.66	41.07	.178	66.56	7.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	40	1,485.74	37.14	.051	67.53	1.88
@PHARMACY	138	264	\$ 14,556.73	\$ 55.14	.334	\$ 105.48	\$ 18.43
PRESCRIPTION DRUGS	136	254	13,991.72	55.09	.322	102.88	17.71
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	136	254	13,991.72	55.09	.322	102.88	17.71
MEDICAL SUPPLIES	5	10	565.01	56.50	.013	113.00	.72
@DENTIST	2	3	\$ 75.00	\$ 25.00	.004	\$ 37.50	\$ .09
VISITS - DIAGNOSTIC	2	2	30.00	15.00	.003	15.00	.04
ORAL SURGERY	1	1	45.00	45.00	.001	45.00	.06
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,490
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

790 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	28	48	\$ 2,467.27	\$ 51.40	.061	\$ 88.12	\$ 3.12
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	9	19	\$ 6,473.57	\$ 340.71	.024	\$ 719.29	\$ 8.19
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	188	1,416	\$ 266,696.48	\$ 188.34	1.792	\$ 1418.60	\$ 337.59
HOSP INPATIENT TOTAL	42	187	239,380.98	1280.11	.237	5699.55	303.01
HSC HOSPITALS	9	32	44,329.03	1385.28	.041	4925.45	56.11
NON-HSC HOSPITAL TOTAL	33	155	195,051.95	1258.40	.196	5910.67	246.90
ACCOMMODATIONS	33	155	73,144.08	471.90	.196	2216.49	92.59

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	155	73,144.08	471.90	.196	2216.49	92.59
ANCILLARIES	33	0	121,907.87	.00	.000	3694.18	154.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	1,229	27,315.50	22.23	1.556	162.59	34.58
MEDICAL	38	49	2,952.61	60.26	.062	77.70	3.74
SURGERY	12	16	762.11	47.63	.020	63.51	.96
PATHOLOGY	85	493	5,405.75	10.97	.624	63.60	6.84
RADIOLOGY	53	62	3,501.39	56.47	.078	66.06	4.43
ROOM USE	87	178	6,350.75	35.68	.225	73.00	8.04
CROSSOVERS/ALL OTH OUTPTNT	75	431	8,342.89	19.36	.546	111.24	10.56
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,491  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

790 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	188	1,416	\$ 266,696.48	\$ 188.34	1.792	\$ 1418.60	\$ 337.59
COMM HOSP INPATIENT TOTAL	42	187	239,380.98	1280.11	.237	5699.55	303.01
HSC HOSPITALS	9	32	44,329.03	1385.28	.041	4925.45	56.11
NON-HSC HOSPITALS TOTAL	33	155	195,051.95	1258.40	.196	5910.67	246.90
ACCOMMODATIONS	33	155	73,144.08	471.90	.196	2216.49	92.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	155	73,144.08	471.90	.196	2216.49	92.59
ANCILLARIES	33	0	121,907.87	.00	.000	3694.18	154.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168	1,229	27,315.50	22.23	1.556	162.59	34.58
MEDICAL	38	49	2,952.61	60.26	.062	77.70	3.74
SURGERY	12	16	762.11	47.63	.020	63.51	.96
PATHOLOGY	85	493	5,405.75	10.97	.624	63.60	6.84
RADIOLOGY	53	62	3,501.39	56.47	.078	66.06	4.43
ROOM USE	87	178	6,350.75	35.68	.225	73.00	8.04
CROSSOVERS/ALL OTH OUTPTNT	75	431	8,342.89	19.36	.546	111.24	10.56
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	3,674.12	\$ 1837.06	.003	\$ 1837.06	\$ 4.65
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		3,674.12	1837.06	.003	1837.06	4.65
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	89	292	\$	4,099.99	\$ 14.04	.370	\$ 46.07	\$ 5.19
PATHOLOGY	89	292		4,099.99	14.04	.370	46.07	5.19
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	74	154	\$	14,412.92	\$ 93.59	.195	\$ 194.77	\$ 18.24
CLINIC	1	1		544.28	544.28	.001	544.28	.69
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	74	153		13,868.64	90.64	.194	187.41	17.56

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,492  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

790 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	39	148	\$ 6,682.33	\$ 45.15	.187	\$ 171.34	\$ 8.46
DURABLE MED. EQUIP.	1	1	99.99	99.99	.001	99.99	.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	124	4,167.34	33.61	.157	260.46	5.28
AMBULANCES/AIR TRANS	16	123	2,367.34	19.25	.156	147.96	3.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	23	23	2,415.00	105.00	.029	105.00	3.06
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	13	122	\$ 31,718.04	\$ 259.98	.154	\$ 2439.85	\$ 40.15
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,493
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	55	\$ 8,646.02	\$ 157.20	1.964	\$ 786.00	\$ 308.79
@PHYSICIANS SERVICES	3	17	\$ 1,741.63	\$ 102.45	.607	\$ 580.54	\$ 62.20
OUTPATIENT VISITS	3	5	397.58	79.52	.179	132.53	14.20
OFFICE VISITS	1	1	24.00	24.00	.036	24.00	.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	4	373.58	93.40	.143	186.79	13.34
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	7	924.34	132.05	.250	462.17	33.01
PRINCIPAL SURGEON	1	1	544.72	544.72	.036	544.72	19.45
ASSISTANT SURGEON	1	1	186.50	186.50	.036	186.50	6.66
ANESTHESIOLOGIST	1	5	193.12	38.62	.179	193.12	6.90
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	94.32	94.32	.036	94.32	3.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4	325.39	81.35	.143	162.70	11.62
@PHARMACY	5	11	\$ 322.28	\$ 29.30	.393	\$ 64.46	\$ 11.51
PRESCRIPTION DRUGS	5	11	322.28	29.30	.393	64.46	11.51
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	11	322.28	29.30	.393	64.46	11.51
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	3	\$ .00	\$ .00	.107	\$ .00	\$ .00
VISITS - DIAGNOSTIC	1	3	.00	.00	.107	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,494  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	3	5	\$	112.46	\$	22.49	.179	\$	37.49	\$	4.02
@TOTAL HOSPITAL	2	7	\$	6,251.44	\$	893.06	.250	\$	3125.72	\$	223.27
HOSP INPATIENT TOTAL	1	6		6,242.03		1040.34	.214		6242.03		222.93
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	6		6,242.03		1040.34	.214		6242.03		222.93
ACCOMMODATIONS	1	6		2,255.76		375.96	.214		2255.76		80.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	6		2,255.76		375.96	.214		2255.76		80.56
ANCILLARIES	1	0		3,986.27		.00	.000		3986.27		142.37
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	1		9.41		9.41	.036		9.41		.34
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		9.41		9.41	.036		9.41		.34
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,495  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	7	\$ 6,251.44	\$ 893.06	.250	\$ 3125.72	\$ 223.27
COMM HOSP INPATIENT TOTAL	1	6	6,242.03	1040.34	.214	6242.03	222.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	6	6,242.03	1040.34	.214	6242.03	222.93
ACCOMMODATIONS	1	6	2,255.76	375.96	.214	2255.76	80.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	6	2,255.76	375.96	.214	2255.76	80.56
ANCILLARIES	1	0	3,986.27	.00	.000	3986.27	142.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	9.41	9.41	.036	9.41	.34
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		9.41	9.41	.036	9.41	.34
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	9	\$	101.05	\$ 11.23	.321	\$ 33.68	\$ 3.61
PATHOLOGY	3	9		101.05	11.23	.321	33.68	3.61
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	117.16	\$ 39.05	.107	\$ 58.58	\$ 4.18
CLINIC	1	2		22.94	11.47	.071	22.94	.82
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		94.22	94.22	.036	94.22	3.37

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,496  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,497

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY

SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES 0M 0N 0P

75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	100	1,013	\$ 91,323.85	\$ 90.15	13.507	\$ 913.24	\$ 1217.65
@PHYSICIANS SERVICES	46	399	\$ 14,874.38	\$ 37.28	5.320	\$ 323.36	\$ 198.33
OUTPATIENT VISITS	25	35	1,075.82	30.74	.467	43.03	14.34
OFFICE VISITS	20	22	706.20	32.10	.293	35.31	9.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	13	369.62	28.43	.173	46.20	4.93
INPATIENT VISITS	5	38	1,495.86	39.36	.507	299.17	19.94
HOSPITAL VISITS	5	38	1,495.86	39.36	.507	299.17	19.94
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	1,500.55	500.18	.040	750.28	20.01
PRINCIPAL SURGEON	2	2	1,313.66	656.83	.027	656.83	17.52
ASSISTANT SURGEON	1	1	186.89	186.89	.013	186.89	2.49
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	336.85	168.43	.027	168.43	4.49
PRINCIPAL SURGEON	2	2	336.85	168.43	.027	168.43	4.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	24	61	4,036.70	66.18	.813	168.20	53.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	249	6,145.58	24.68	3.320	1536.40	81.94
OTHER SERVICES/ALL X-OVERS	7	11	283.02	25.73	.147	40.43	3.77
@PHARMACY	61	231	\$ 17,810.45	\$ 77.10	3.080	\$ 291.97	\$ 237.47
PRESCRIPTION DRUGS	60	222	17,450.76	78.61	2.960	290.85	232.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	60	222	17,450.76	78.61	2.960	290.85	232.68

MEDICAL SUPPLIES	6	9		359.69		39.97	.120	59.95	4.80
@DENTIST	2	7	\$	413.00	\$	59.00	.093	206.50	5.51
VISITS - DIAGNOSTIC	1	3		110.00		36.67	.040	110.00	1.47
ORAL SURGERY	1	3		255.00		85.00	.040	255.00	3.40
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		48.00		48.00	.013	48.00	.64
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,498  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

	75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0			.00	.00	.000	.00	.00
EYE APPLIANCES	0			.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0			.00	.00	.000	.00	.00
@CHIROPRACTOR	0		\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0			.00	.00	.000	.00	.00
OTHER SERVICES	0			.00	.00	.000	.00	.00
@PODIATRIST	0		\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0			.00	.00	.000	.00	.00
SURGERY/ANES.	0			.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0			.00	.00	.000	.00	.00
OTHER	0			.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	24	\$	1,707.46	\$ 71.14	.320	\$ 1707.46	\$ 22.77
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	36	283	\$	51,497.51	\$ 181.97	3.773	\$ 1430.49	\$ 686.63
HOSP INPATIENT TOTAL	4	31		31,810.33	1026.14	.413	7952.58	424.14
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	31		31,810.33	1026.14	.413	7952.58	424.14
ACCOMMODATIONS	4	31		16,619.25	536.10	.413	4154.81	221.59
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	31		16,619.25	536.10	.413	4154.81	221.59
ANCILLARIES	4	0		15,191.08	.00	.000	3797.77	202.55
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34	252		19,687.18	78.12	3.360	579.03	262.50
MEDICAL	13	46		1,213.77	26.39	.613	93.37	16.18
SURGERY	3	3		162.56	54.19	.040	54.19	2.17
PATHOLOGY	16	63		723.08	11.48	.840	45.19	9.64
RADIOLOGY	15	63		3,957.08	62.81	.840	263.81	52.76
ROOM USE	9	13		382.80	29.45	.173	42.53	5.10

CROSSTOVERS/ALL OTH OUTPTNT	10	64		13,247.89	207.00	.853	1324.79	176.64
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,499  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

	75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36		283	\$ 51,497.51	\$ 181.97	3.773	\$ 1430.49	\$ 686.63
COMM HOSP INPATIENT TOTAL	4		31	31,810.33	1026.14	.413	7952.58	424.14
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4		31	31,810.33	1026.14	.413	7952.58	424.14
ACCOMMODATIONS	4		31	16,619.25	536.10	.413	4154.81	221.59
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	4	31	16,619.25	536.10	.413	4154.81	221.59
ANCILLARIES	4	0	15,191.08	.00	.000	3797.77	202.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34	252	19,687.18	78.12	3.360	579.03	262.50
MEDICAL	13	46	1,213.77	26.39	.613	93.37	16.18
SURGERY	3	3	162.56	54.19	.040	54.19	2.17
PATHOLOGY	16	63	723.08	11.48	.840	45.19	9.64
RADIOLOGY	15	63	3,957.08	62.81	.840	263.81	52.76
ROOM USE	9	13	382.80	29.45	.173	42.53	5.10
CROSSOVERS/ALL OTH OUTPTNT	10	64	13,247.89	207.00	.853	1324.79	176.64
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	15	\$ 423.06	\$ 28.20	.200	\$ 60.44	\$ 5.64
PATHOLOGY	7	15	423.06	28.20	.200	60.44	5.64
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27	39	\$ 3,467.49	\$ 88.91	.520	\$ 128.43	\$ 46.23
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	27	39	3,467.49	88.91	.520	128.43	46.23

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,500  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

YUBA COUNTY      SUMMARY OF SERVICES FOR      BCCTP-FEDERAL      AID CODES OM ON OP

75 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	15	\$ 1,130.50	\$ 75.37	.200	\$ 226.10	\$ 15.07
DURABLE MED. EQUIP.	3	4	585.02	146.26	.053	195.01	7.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	7	158.35	22.62	.093	158.35	2.11
AMBULANCES/AIR TRANS	1	7	158.35	22.62	.093	158.35	2.11
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	387.13	96.78	.053	193.57	5.16
PROSTHETICS	2	4	387.13	96.78	.053	193.57	5.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	\$	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
YUBA COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

PAGE 18,501  
03/14/05

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$	.00	.000	\$	.00	.00
@PHYSICIANS SERVICES	0	0	\$	.00	.000	\$	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY							
	AID CODES OR OT OU OV							

PAGE 18,502  
03/14/05

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,503
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V						

					----- MONTHLY AVERAGE -----			
05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,504
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								AID CODES 0R 0T 0U 0V

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	.00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,505
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	100	1,013	\$ 91,323.85	\$ 90.15	12.663	\$ 913.24	\$ 1141.55
@PHYSICIANS SERVICES	46	399	\$ 14,874.38	\$ 37.28	4.988	\$ 323.36	\$ 185.93
OUTPATIENT VISITS	25	35	1,075.82	30.74	.438	43.03	13.45
OFFICE VISITS	20	22	706.20	32.10	.275	35.31	8.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	13	369.62	28.43	.163	46.20	4.62
INPATIENT VISITS	5	38	1,495.86	39.36	.475	299.17	18.70
HOSPITAL VISITS	5	38	1,495.86	39.36	.475	299.17	18.70
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	1,500.55	500.18	.038	750.28	18.76
PRINCIPAL SURGEON	2	2	1,313.66	656.83	.025	656.83	16.42
ASSISTANT SURGEON	1	1	186.89	186.89	.013	186.89	2.34
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	336.85	168.43	.025	168.43	4.21
PRINCIPAL SURGEON	2	2	336.85	168.43	.025	168.43	4.21

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	24	61		4,036.70	66.18	.763	168.20	50.46
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	249		6,145.58	24.68	3.113	1536.40	76.82
OTHER SERVICES/ALL X-OVERS	7	11		283.02	25.73	.138	40.43	3.54
@PHARMACY	61	231	\$	17,810.45	\$ 77.10	2.888	\$ 291.97	\$ 222.63
PRESCRIPTION DRUGS	60	222		17,450.76	78.61	2.775	290.85	218.13
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	60	222		17,450.76	78.61	2.775	290.85	218.13
MEDICAL SUPPLIES	6	9		359.69	39.97	.113	59.95	4.50
@DENTIST	2	7	\$	413.00	\$ 59.00	.088	\$ 206.50	\$ 5.16
VISITS - DIAGNOSTIC	1	3		110.00	36.67	.038	110.00	1.38
ORAL SURGERY	1	3		255.00	85.00	.038	255.00	3.19
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		48.00	48.00	.013	48.00	.60
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,506  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	1	24	\$ 1,707.46	\$ 71.14	.300 \$ 1707.46 \$ 21.34
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
@TOTAL HOSPITAL	36	283	\$ 51,497.51	\$ 181.97	3.538 \$ 1430.49 \$ 643.72
HOSP INPATIENT TOTAL	4	31	31,810.33	1026.14	.388 7952.58 397.63
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	4	31	31,810.33	1026.14	.388 7952.58 397.63
ACCOMMODATIONS	4	31	16,619.25	536.10	.388 4154.81 207.74

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	31	16,619.25	536.10	.388	4154.81	207.74
ANCILLARIES	4	0	15,191.08	.00	.000	3797.77	189.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34	252	19,687.18	78.12	3.150	579.03	246.09
MEDICAL	13	46	1,213.77	26.39	.575	93.37	15.17
SURGERY	3	3	162.56	54.19	.038	54.19	2.03
PATHOLOGY	16	63	723.08	11.48	.788	45.19	9.04
RADIOLOGY	15	63	3,957.08	62.81	.788	263.81	49.46
ROOM USE	9	13	382.80	29.45	.163	42.53	4.79
CROSSOVERS/ALL OTH OUTPTNT	10	64	13,247.89	207.00	.800	1324.79	165.60
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,507  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	283	\$ 51,497.51	\$ 181.97	3.538	\$ 1430.49	\$ 643.72
COMM HOSP INPATIENT TOTAL	4	31	31,810.33	1026.14	.388	7952.58	397.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	31	31,810.33	1026.14	.388	7952.58	397.63
ACCOMMODATIONS	4	31	16,619.25	536.10	.388	4154.81	207.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	31	16,619.25	536.10	.388	4154.81	207.74
ANCILLARIES	4	0	15,191.08	.00	.000	3797.77	189.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34	252	19,687.18	78.12	3.150	579.03	246.09
MEDICAL	13	46	1,213.77	26.39	.575	93.37	15.17
SURGERY	3	3	162.56	54.19	.038	54.19	2.03
PATHOLOGY	16	63	723.08	11.48	.788	45.19	9.04
RADIOLOGY	15	63	3,957.08	62.81	.788	263.81	49.46
ROOM USE	9	13	382.80	29.45	.163	42.53	4.79
CROSSOVERS/ALL OTH OUTPTNT	10	64	13,247.89	207.00	.800	1324.79	165.60
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	15	\$	423.06	\$	28.20	.188	\$	60.44
PATHOLOGY	7	15		423.06		28.20	.188		60.44
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	27	39	\$	3,467.49	\$	88.91	.488	\$	128.43
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	27	39		3,467.49		88.91	.488		128.43

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,508  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	15	\$ 1,130.50	\$ 75.37	.188	\$ 226.10	\$ 14.13
DURABLE MED. EQUIP.	3	4	585.02	146.26	.050	195.01	7.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	7	158.35	22.62	.088	158.35	1.98
AMBULANCES/AIR TRANS	1	7	158.35	22.62	.088	158.35	1.98
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	387.13	96.78	.050	193.57	4.84
PROSTHETICS	2	4	387.13	96.78	.050	193.57	4.84
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,509
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80	

176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29	37 \$	2,166.22	\$ 58.55	.210	\$ 74.70	\$ 12.31
@PHYSICIANS SERVICES	7	9 \$	166.49	\$ 18.50	.051	\$ 23.78	\$ .95
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	9		166.49	18.50	.051	23.78	.95
@PHARMACY	1	5	\$	39.94CR	\$ 7.99CR	.028	\$ 39.94CR\$	.23CR
PRESCRIPTION DRUGS	1	5		39.94CR	7.99CR	.028	39.94CR	.23CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	5		39.94CR	7.99CR	.028	39.94CR	.23CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,510  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	10	\$	343.41	\$	34.34	.057	\$	114.47	\$	1.95
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	10		343.41		34.34	.057		114.47		1.95
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	10		343.41		34.34	.057		114.47		1.95
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,511  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10	\$ 343.41	\$ 34.34	.057	\$ 114.47	\$ 1.95
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	10	343.41	34.34	.057	114.47	1.95
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	10	343.41	34.34	.057	114.47	1.95
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	0	\$ 1,459.48	\$ .00	.000	\$ 132.68	\$ 8.29
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	11	0	1,459.48	.00	.000	132.68	8.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 9.07	\$ 9.07	.006	\$ 9.07	\$ .05
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	9.07	9.07	.006	9.07	.05
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,512  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

176 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@ALL OTHER PROVIDERS	10	12	\$ 227.71	\$ 18.98	.068      \$ 22.77      \$ 1.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000      .00      .00
BLOOD BANK	0	0	.00	.00	.000      .00      .00
HEARING AID DISPENSERS	0	0	.00	.00	.000      .00      .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000      .00      .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000      .00      .00
OTHER TRANS	0	0	.00	.00	.000      .00      .00
OTHER SERVICES	0	0	.00	.00	.000      .00      .00
ACUPUNCTURE	0	0	.00	.00	.000      .00      .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000      .00      .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000      .00      .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000      .00      .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000      .00      .00
OPTICIAN	0	0	.00	.00	.000      .00      .00
PHYSICAL THERAPIST	0	0	.00	.00	.000      .00      .00
PORTABLE X-RAY	0	0	.00	.00	.000      .00      .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000      .00      .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	12	227.71	18.98	.068	22.77	1.29
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	28	32	\$ 2,206.16	\$ 68.94	.182	\$ 78.79	\$ 12.54

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,513

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

1,865 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	833	2,435	\$ 116,415.26	\$ 47.81	1.306	\$ 139.75	\$ 62.42
@PHYSICIANS SERVICES	122	230	\$ 7,307.82	\$ 31.77	.123	\$ 59.90	\$ 3.92
OUTPATIENT VISITS	80	94	2,769.24	29.46	.050	34.62	1.48
OFFICE VISITS	77	90	2,638.16	29.31	.048	34.26	1.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.001	44.60	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	41.88	20.94	.001	20.94	.02
INPATIENT VISITS	3	8	631.27	78.91	.004	210.42	.34
HOSPITAL VISITS	3	7	332.27	47.47	.004	110.76	.18
CRITICAL CARE	1	1	299.00	299.00	.001	299.00	.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	5	178.53	35.71	.003	59.51	.10
EXAMINATIONS	3	5	178.53	35.71	.003	59.51	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	5	133.38	26.68	.003	133.38	.07
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	133.38	26.68	.003	133.38	.07
OUTPATIENT SURGERY	9	33	1,588.72	48.14	.018	176.52	.85
PRINCIPAL SURGEON	6	6	944.52	157.42	.003	157.42	.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	27	644.20	23.86	.014	128.84	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	23.48	3.91	.003	5.87	.01
RADIOLOGY	30	46	1,025.92	22.30	.025	34.20	.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	6	40.24	6.71	.003	40.24	.02
OTHER SERVICES/ALL X-OVERS	14	27	917.04	33.96	.014	65.50	.49
@PHARMACY	344	769	\$ 16,761.01	\$ 21.80	.412	\$ 48.72	\$ 8.99
PRESCRIPTION DRUGS	344	768	16,751.61	21.81	.412	48.70	8.98
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	344	768	16,751.61	21.81	.412	48.70	8.98

MEDICAL SUPPLIES	3	1		9.40		9.40	.001	3.13	.01
@DENTIST	47	303	\$	11,321.00	\$	37.36	.162	\$ 240.87	\$ 6.07
VISITS - DIAGNOSTIC	38	154		2,284.00		14.83	.083	60.11	1.22
ORAL SURGERY	8	15		391.00		26.07	.008	48.88	.21
DRUGS	3	3		75.00		25.00	.002	25.00	.04
ANESTHESIA	2	2		100.00		50.00	.001	50.00	.05
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	9	33		2,343.00		71.00	.018	260.33	1.26
RESTORATIVE DENTISTRY	18	94		5,928.00		63.06	.050	329.33	3.18
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	1	2		200.00		100.00	.001	200.00	.11
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,514		
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05		
YUBA COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P		

1,865 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5	\$ 116.46	\$ 23.29	.003	\$ 58.23	\$ .06
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.03
EYE APPLIANCES	1	4	69.01	17.25	.002	69.01	.04
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	15	30	\$	389.80	12.99	.016	\$ 25.99	\$ .21
@TOTAL HOSPITAL	79	264	\$	20,876.01	79.08	.142	\$ 264.25	\$ 11.19
HOSP INPATIENT TOTAL	6	13		12,231.22	940.86	.007	2038.54	6.56
HSC HOSPITALS	1	3		3,618.00	1206.00	.002	3618.00	1.94
NON-HSC HOSPITAL TOTAL	5	10		8,613.22	861.32	.005	1722.64	4.62
ACCOMMODATIONS	5	10		4,408.20	440.82	.005	881.64	2.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	10		4,408.20	440.82	.005	881.64	2.36
ANCILLARIES	5	0		4,205.02	.00	.000	841.00	2.25
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	251		8,644.79	34.44	.135	115.26	4.64
MEDICAL	27	35		2,073.26	59.24	.019	76.79	1.11
SURGERY	9	10		558.33	55.83	.005	62.04	.30
PATHOLOGY	22	61		617.41	10.12	.033	28.06	.33
RADIOLOGY	23	31		1,762.72	56.86	.017	76.64	.95
ROOM USE	51	69		2,798.88	40.56	.037	54.88	1.50
CROSSOVERS/ALL OTH OUTPTNT	28	45		834.19	18.54	.024	29.79	.45
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,515  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

	1,865 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	79	264	\$	20,876.01	\$ 79.08	.142	\$ 264.25	\$ 11.19
COMM HOSP INPATIENT TOTAL	6	13		12,231.22	940.86	.007	2038.54	6.56
HSC HOSPITALS	1	3		3,618.00	1206.00	.002	3618.00	1.94
NON-HSC HOSPITALS TOTAL	5	10		8,613.22	861.32	.005	1722.64	4.62
ACCOMMODATIONS	5	10		4,408.20	440.82	.005	881.64	2.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	5	10	4,408.20	440.82	.005	881.64	2.36
ANCILLARIES	5	0	4,205.02	.00	.000	841.00	2.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	75	251	8,644.79	34.44	.135	115.26	4.64
MEDICAL	27	35	2,073.26	59.24	.019	76.79	1.11
SURGERY	9	10	558.33	55.83	.005	62.04	.30
PATHOLOGY	22	61	617.41	10.12	.033	28.06	.33
RADIOLOGY	23	31	1,762.72	56.86	.017	76.64	.95
ROOM USE	51	69	2,798.88	40.56	.037	54.88	1.50
CROSSOVERS/ALL OTH OUTPTNT	28	45	834.19	18.54	.024	29.79	.45
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	26	39	\$ 387.06	\$ 9.92	.021	\$ 14.89	\$ .21
PATHOLOGY	26	39	387.06	9.92	.021	14.89	.21
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	430	627	\$ 56,725.38	\$ 90.47	.336	\$ 131.92	\$ 30.42
CLINIC	3	6	153.92	25.65	.003	51.31	.08
SURGICENTER	1	8	274.34	34.29	.004	274.34	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	426	613	56,297.12	91.84	.329	132.15	30.19

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,516  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

	1,865 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	168	\$	2,530.72	\$ 15.06	.090	\$ 70.30	\$ 1.36
DURABLE MED. EQUIP.	3	3		299.97	99.99	.002	99.99	.16
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	13		300.63	23.13	.007	150.32	.16
AMBULANCES/AIR TRANS	2	13		300.63	23.13	.007	150.32	.16
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	159.40	53.13	.002	159.40	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	30	149	1,770.72	11.88	.080	59.02	.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	8	\$ 364.37	\$ 45.55	.004	\$ 121.46	\$ .20
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,517
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

1,726 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	585	2,215	\$ 89,471.32	\$ 40.39	1.283	\$ 152.94	\$ 51.84
@PHYSICIANS SERVICES	103	363	\$ 7,772.43	\$ 21.41	.210	\$ 75.46	\$ 4.50
OUTPATIENT VISITS	53	62	2,508.42	40.46	.036	47.33	1.45
OFFICE VISITS	45	54	2,023.00	37.46	.031	44.96	1.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	6	313.39	52.23	.003	44.77	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.07
OTHER OUTPATIENT	1	1	45.72	45.72	.001	45.72	.03
INPATIENT VISITS	3	6	209.05	34.84	.003	69.68	.12
HOSPITAL VISITS	3	6	209.05	34.84	.003	69.68	.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	162.02	54.01	.002	54.01	.09
EXAMINATIONS	3	3	162.02	54.01	.002	54.01	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	6	159.99	26.67	.003	159.99	.09
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	159.99	26.67	.003	159.99	.09
OUTPATIENT SURGERY	9	22	1,311.06	59.59	.013	145.67	.76
PRINCIPAL SURGEON	6	6	897.05	149.51	.003	149.51	.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	16	414.01	25.88	.009	103.50	.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	47	61	1,505.58	24.68	.035	32.03	.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	2	3	81.55	27.18	.002	40.78	.05
OTHER SERVICES/ALL X-OVERS	18	200	1,834.76	9.17	.116	101.93	1.06
@PHARMACY	177	349	\$ 17,579.53	\$ 50.37	.202	\$ 99.32	\$ 10.19
PRESCRIPTION DRUGS	170	337	17,220.72	51.10	.195	101.30	9.98
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	170	337	17,220.72	51.10	.195	101.30	9.98
MEDICAL SUPPLIES	7	12	358.81	29.90	.007	51.26	.21
@DENTIST	76	354	\$ 11,071.00	\$ 31.27	.205	\$ 145.67	\$ 6.41
VISITS - DIAGNOSTIC	47	233	3,293.00	14.13	.135	70.06	1.91
ORAL SURGERY	6	9	310.00	34.44	.005	51.67	.18
DRUGS	4	5	110.00	22.00	.003	27.50	.06
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	6	12	2,627.00	218.92	.007	437.83	1.52
RESTORATIVE DENTISTRY	30	74	3,801.00	51.36	.043	126.70	2.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	4	120.00	30.00	.002	40.00	.07
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	14	14	660.00	47.14	.008	47.14	.38
ALL OTHER SERVICES	3	3	150.00	50.00	.002	50.00	.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,518
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						AID CODES 7A 7C 8R 8T

1,726 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	19	\$ 445.53	\$ 23.45	.011	\$ 49.50	\$ .26
DIAGNOSTIC AND ANC. PROCED	7	7	274.13	39.16	.004	39.16	.16
EYE APPLIANCES	4	12	171.40	14.28	.007	42.85	.10
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$ .01
VISITS	1	1	16.72	16.72	.001	16.72	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 24.00	\$ 24.00	.001	\$ 24.00	\$ .01
MEDICINE/INJECTIONS	1	1	24.00	24.00	.001	24.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$ 209.98	\$ 52.50	.002	\$ 104.99	\$ .12
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	3	3	\$ 1,663.08	\$ 554.36	.002	\$ 554.36	\$ .96
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	2	\$ 52.36	\$ 26.18	.001	\$ 26.18	\$ .03
@TOTAL HOSPITAL	71	320	\$ 16,914.97	\$ 52.86	.185	\$ 238.24	\$ 9.80
HOSP INPATIENT TOTAL	1	2	7,800.11	3900.06	.001	7800.11	4.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	7,800.11	3900.06	.001	7800.11	4.52
ACCOMMODATIONS	1	2	757.54	378.77	.001	757.54	.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	757.54	378.77	.001	757.54	.44
ANCILLARIES	1	0	7,042.57	.00	.000	7042.57	4.08
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	70	318		9,114.86	28.66	.184	130.21	5.28
MEDICAL	18	25		1,293.92	51.76	.014	71.88	.75
SURGERY	11	12		714.81	59.57	.007	64.98	.41
PATHOLOGY	20	76		989.30	13.02	.044	49.47	.57
RADIOLOGY	30	54		2,691.92	49.85	.031	89.73	1.56
ROOM USE	39	57		2,013.22	35.32	.033	51.62	1.17
CROSSOVERS/ALL OTH OUTPTNT	22	94		1,411.69	15.02	.054	64.17	.82
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,519
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
	AID CODES 7A 7C 8R 8T							
	----- MONTHLY AVERAGE -----							
1,726 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	320	\$	16,914.97	\$ 52.86	.185	\$ 238.24	\$ 9.80



COMM HOSP INPATIENT TOTAL	1	2		7,800.11	3900.06	.001	7800.11	4.52
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2		7,800.11	3900.06	.001	7800.11	4.52
ACCOMMODATIONS	1	2		757.54	378.77	.001	757.54	.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		757.54	378.77	.001	757.54	.44
ANCILLARIES	1	0		7,042.57	.00	.000	7042.57	4.08
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	70	318		9,114.86	28.66	.184	130.21	5.28
MEDICAL	18	25		1,293.92	51.76	.014	71.88	.75
SURGERY	11	12		714.81	59.57	.007	64.98	.41
PATHOLOGY	20	76		989.30	13.02	.044	49.47	.57
RADIOLOGY	30	54		2,691.92	49.85	.031	89.73	1.56
ROOM USE	39	57		2,013.22	35.32	.033	51.62	1.17
CROSSOVERS/ALL OTH OUTPTNT	22	94		1,411.69	15.02	.054	64.17	.82
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	63	\$	819.71	13.01	.037	39.03	.47
PATHOLOGY	21	63		819.71	13.01	.037	39.03	.47
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	193	313	\$	27,487.60	87.82	.181	142.42	15.93
CLINIC	5	21		370.86	17.66	.012	74.17	.21
SURGICENTER	1	7		237.21	33.89	.004	237.21	.14
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	187	285		26,879.53	94.31	.165	143.74	15.57

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,520  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR 100% PROGRAM      AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,726 ELIGIBLES							
@ALL OTHER PROVIDERS	109	423	\$ 5,414.41	\$ 12.80	.245	\$ 49.67	\$ 3.14
DURABLE MED. EQUIP.	2	3	118.86	39.62	.002	59.43	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	74	911.35	12.32	.043	113.92	.53

AMBULANCES/AIR TRANS	8	74	911.35	12.32	.043	113.92	.53
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	21	244.83	11.66	.012	27.20	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	47.08	47.08	.001	47.08	.03
PROSTHETICS	1	1	47.08	47.08	.001	47.08	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	15	585.25	39.02	.009	73.16	.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	307	3,297.04	10.74	.178	41.21	1.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	16	\$ 592.39	\$ 37.02	.009	\$ 98.73	\$ .34
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,521
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	240	584	\$ 37,911.24	\$ 64.92	.000	\$ 157.96	\$ .00
@PHYSICIANS SERVICES	27	31	\$ 1,100.76	\$ 35.51	.000	\$ 40.77	\$ .00
OUTPATIENT VISITS	7	7	406.87	58.12	.000	58.12	.00
OFFICE VISITS	4	4	45.00	11.25	.000	11.25	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	361.87	120.62	.000	120.62	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		4.34	4.34	.000	4.34	.00
RADIOLOGY	21	23		689.55	29.98	.000	32.84	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	7	11	\$	387.25	\$ 35.20	.000	\$ 55.32	\$ .00
PRESCRIPTION DRUGS	7	11		387.25	35.20	.000	55.32	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	7	11		387.25	35.20	.000	55.32	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,522  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	10	16	\$ 469.38	\$ 29.34	.000	\$ 46.94	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	16	469.38	29.34	.000	46.94	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	8	188.07	23.51	.000	26.87	.00
RADIOLOGY	2	2	96.61	48.31	.000	48.31	.00
ROOM USE	3	3	102.90	34.30	.000	34.30	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	81.80	27.27	.000	81.80	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,523  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	16	\$ 469.38	\$ 29.34	.000	\$ 46.94	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	16	469.38	29.34	.000	46.94	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	8	188.07	23.51	.000	26.87	.00
RADIOLOGY	2	2	96.61	48.31	.000	48.31	.00
ROOM USE	3	3	102.90	34.30	.000	34.30	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	81.80	27.27	.000	81.80	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	80	189	\$	5,408.71	\$	28.62	.000	\$	67.61
PATHOLOGY	80	189		5,408.71		28.62	.000		67.61
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	171	332	\$	30,020.14	\$	90.42	.000	\$	175.56
CLINIC	1	3		469.62		156.54	.000		469.62
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	170	329		29,550.52		89.82	.000		173.83

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,524  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	5	\$	525.00	\$ 105.00	.000	\$ 105.00	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5		525.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,525  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,526  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,527  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 18,528  
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,529

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	181	1,134	\$ 183,930.61	\$ 162.20	6.750	\$ 1016.19	\$ 1094.83
@PHYSICIANS SERVICES	70	217	\$ 28,864.11	\$ 133.01	1.292	\$ 412.34	\$ 171.81
OUTPATIENT VISITS	22	40	3,259.48	81.49	.238	148.16	19.40
OFFICE VISITS	5	5	258.40	51.68	.030	51.68	1.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	19	35	3,001.08	85.75	.208	157.95	17.86
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	12	46	6,501.57	141.34	.274	541.80	38.70

HOSPITAL VISITS	11	19	987.83	51.99	.113	89.80	5.88
CRITICAL CARE	1	27	5,513.74	204.21	.161	5513.74	32.82
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	66	16,340.82	247.59	.393	817.04	97.27
PRINCIPAL SURGEON	14	17	14,461.96	850.70	.101	1033.00	86.08
ASSISTANT SURGEON	2	2	373.00	186.50	.012	186.50	2.22
ANESTHESIOLOGIST	9	47	1,505.86	32.04	.280	167.32	8.96
OUTPATIENT SURGERY	2	2	144.04	72.02	.012	72.02	.86
PRINCIPAL SURGEON	2	2	144.04	72.02	.012	72.02	.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	297.02	49.50	.036	99.01	1.77
RADIOLOGY	29	42	1,845.04	43.93	.250	63.62	10.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	117.51	117.51	.006	117.51	.70
OTHER SERVICES/ALL X-OVERS	9	14	358.63	25.62	.083	39.85	2.13
@PHARMACY	42	75	\$ 2,397.80	\$ 31.97	.446	\$ 57.09	\$ 14.27
PRESCRIPTION DRUGS	41	66	1,613.09	24.44	.393	39.34	9.60
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	41	66	1,613.09	24.44	.393	39.34	9.60
MEDICAL SUPPLIES	5	9	784.71	87.19	.054	156.94	4.67
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,530  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	17	\$	914.78	\$ 53.81	.101	\$ 101.64	\$ 5.45
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	2	4	\$	1,179.28	\$ 294.82	.024	\$ 589.64	\$ 7.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	71	500	\$	140,223.14	\$ 280.45	2.976	\$ 1974.97	\$ 834.66
HOSP INPATIENT TOTAL	14	85		130,266.12	1532.54	.506	9304.72	775.39
HSC HOSPITALS	2	44		67,040.00	1523.64	.262	33520.00	399.05
NON-HSC HOSPITAL TOTAL	12	41		63,226.12	1542.10	.244	5268.84	376.35
ACCOMMODATIONS	12	41		18,789.17	458.27	.244	1565.76	111.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	41		18,789.17	458.27	.244	1565.76	111.84
ANCILLARIES	12	0		44,436.95	.00	.000	3703.08	264.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	60	415		9,957.02	23.99	2.470	165.95	59.27
MEDICAL	11	12		561.50	46.79	.071	51.05	3.34
SURGERY	4	4		108.24	27.06	.024	27.06	.64
PATHOLOGY	39	111		1,507.22	13.58	.661	38.65	8.97
RADIOLOGY	11	10		475.78	47.58	.060	43.25	2.83
ROOM USE	32	66		2,298.97	34.83	.393	71.84	13.68
CROSSOVERS/ALL OTH OUTPTNT	32	212		5,005.31	23.61	1.262	156.42	29.79
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,531  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	500	\$ 140,223.14	\$ 280.45	2.976	\$ 1974.97	\$ 834.66
COMM HOSP INPATIENT TOTAL	14	85	130,266.12	1532.54	.506	9304.72	775.39
HSC HOSPITALS	2	44	67,040.00	1523.64	.262	33520.00	399.05
NON-HSC HOSPITALS TOTAL	12	41	63,226.12	1542.10	.244	5268.84	376.35
ACCOMMODATIONS	12	41	18,789.17	458.27	.244	1565.76	111.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	12	41		18,789.17	458.27	.244	1565.76	111.84
ANCILLARIES	12	0		44,436.95	.00	.000	3703.08	264.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	415		9,957.02	23.99	2.470	165.95	59.27
MEDICAL	11	12		561.50	46.79	.071	51.05	3.34
SURGERY	4	4		108.24	27.06	.024	27.06	.64
PATHOLOGY	39	111		1,507.22	13.58	.661	38.65	8.97
RADIOLOGY	11	10		475.78	47.58	.060	43.25	2.83
ROOM USE	32	66		2,298.97	34.83	.393	71.84	13.68
CROSSOVERS/ALL OTH OUTPTNT	32	212		5,005.31	23.61	1.262	156.42	29.79
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	37	129	\$	2,285.16	\$ 17.71	.768	\$ 61.76	\$ 13.60
PATHOLOGY	37	129		2,285.16	17.71	.768	61.76	13.60
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	42	132	\$	6,927.09	\$ 52.48	.786	\$ 164.93	\$ 41.23
CLINIC	18	84		2,660.72	31.68	.500	147.82	15.84
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	24	48		4,266.37	88.88	.286	177.77	25.40

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,532  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	60	\$	1,139.25	\$ 18.99	.357	\$ 126.58	\$ 6.78
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	52		299.25	5.75	.310	299.25	1.78
AMBULANCES/AIR TRANS	1	52		299.25	5.75	.310	299.25	1.78
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	8	8		840.00	105.00	.048	105.00	5.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	384	\$ 55,330.29	\$ 144.09	2.286	\$ 18443.43	\$ 329.35
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,533
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

2,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,279	4,376	\$ 244,441.67	\$ 55.86	2.033	\$ 191.12	\$ 113.54
@PHYSICIANS SERVICES	251	576	\$ 18,837.58	\$ 32.70	.268	\$ 75.05	\$ 8.75
OUTPATIENT VISITS	129	143	5,493.04	38.41	.066	42.58	2.55
OFFICE VISITS	106	117	4,177.37	35.70	.054	39.41	1.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	17	821.83	48.34	.008	51.36	.38
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.02
OB VISITS/COMPRE PERI	4	4	321.51	80.38	.002	80.38	.15
OTHER OUTPATIENT	4	4	137.64	34.41	.002	34.41	.06
INPATIENT VISITS	10	29	1,435.82	49.51	.013	143.58	.67
HOSPITAL VISITS	10	28	1,303.15	46.54	.013	130.32	.61
CRITICAL CARE	1	1	132.67	132.67	.000	132.67	.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	8	260.45	32.56	.004	37.21	.12
EXAMINATIONS	6	7	240.45	34.35	.003	40.08	.11
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.01
INPATIENT HOSPITAL SURGERY	8	20	2,983.57	149.18	.009	372.95	1.39
PRINCIPAL SURGEON	3	3	2,091.75	697.25	.001	697.25	.97
ASSISTANT SURGEON	2	2	348.64	174.32	.001	174.32	.16
ANESTHESIOLOGIST	3	15	543.18	36.21	.007	181.06	.25
OUTPATIENT SURGERY	12	35	2,419.75	69.14	.016	201.65	1.12
PRINCIPAL SURGEON	11	13	1,811.98	139.38	.006	164.73	.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	22	607.77	27.63	.010	202.59	.28
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	28	160.59	5.74	.013	13.38	.07
RADIOLOGY	88	142	3,705.56	26.10	.066	42.11	1.72
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	7		103.50		14.79	.003	25.88	.05
OTHER SERVICES/ALL X-OVERS	43	164		2,275.30		13.87	.076	52.91	1.06
@PHARMACY	536	1,230	\$	58,999.37	\$	47.97	.571	\$ 110.07	\$ 27.40
PRESCRIPTION DRUGS	531	1,199		58,105.12		48.46	.557	109.43	26.99
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	531	1,199		58,105.12		48.46	.557	109.43	26.99
MEDICAL SUPPLIES	13	31		894.25		28.85	.014	68.79	.42
@DENTIST	80	390	\$	10,506.00	\$	26.94	.181	\$ 131.33	\$ 4.88
VISITS - DIAGNOSTIC	56	278		4,164.00		14.98	.129	74.36	1.93
ORAL SURGERY	7	14		726.00		51.86	.007	103.71	.34
DRUGS	2	2		50.00		25.00	.001	25.00	.02
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		118.00		118.00	.000	118.00	.05
ENDODONTICS	8	12		1,846.00		153.83	.006	230.75	.86
RESTORATIVE DENTISTRY	21	49		2,628.00		53.63	.023	125.14	1.22
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	5	17		829.00		48.76	.008	165.80	.39
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		70.00		70.00	.000	70.00	.03
ALL OTHER SERVICES	4	16		75.00		4.69	.007	18.75	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
YUBA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES								
	AID CODE 38								
	----- MONTHLY AVERAGE -----								
2,153 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	17	51	\$	997.57	\$ 19.56	.024	\$ 58.68	\$ .46	
DIAGNOSTIC AND ANC. PROCED	8	8		355.57	44.45	.004	44.45	.17	
EYE APPLIANCES	14	42		584.80	13.92	.020	41.77	.27	
OTHER OPTOMETRIC SERVICES	1	1		57.20	57.20	.000	57.20	.03	

@CHIROPRACTOR	2	4	\$	58.52	\$	14.63	.002	\$	29.26	\$	.03
VISITS	2	4		58.52		14.63	.002		29.26		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	18.10	\$	18.10	.000	\$	18.10	\$	.01
MEDICINE/INJECTIONS	1	1		18.10		18.10	.000		18.10		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	8	\$	427.26	\$	53.41	.004	\$	85.45	\$	.20
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	2	2	\$	117.68	\$	58.84	.001	\$	58.84	\$	.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	5	14	\$	209.64	\$	14.97	.007	\$	41.93	\$	.10
@TOTAL HOSPITAL	163	749	\$	91,517.48	\$	122.19	.348	\$	561.46	\$	42.51
HOSP INPATIENT TOTAL	12	56		70,623.03		1261.13	.026		5885.25		32.80
HSC HOSPITALS	2	21		25,930.00		1234.76	.010		12965.00		12.04
NON-HSC HOSPITAL TOTAL	10	35		44,693.03		1276.94	.016		4469.30		20.76
ACCOMMODATIONS	10	35		15,029.21		429.41	.016		1502.92		6.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	35		15,029.21		429.41	.016		1502.92		6.98
ANCILLARIES	10	0		29,663.82		.00	.000		2966.38		13.78
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	153	693		20,894.45		30.15	.322		136.57		9.70
MEDICAL	62	82		4,064.79		49.57	.038		65.56		1.89
SURGERY	12	15		713.96		47.60	.007		59.50		.33
PATHOLOGY	63	274		2,891.96		10.55	.127		45.90		1.34
RADIOLOGY	71	103		6,496.40		63.07	.048		91.50		3.02
ROOM USE	91	100		3,656.95		36.57	.046		40.19		1.70
CROSSOVERS/ALL OTH OUTPTNT	54	119		3,070.39		25.80	.055		56.86		1.43
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,535  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

	2,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	163	749	\$	91,517.48	\$ 122.19	.348	\$ 561.46	\$ 42.51



COMM HOSP INPATIENT TOTAL	12	56		70,623.03	1261.13	.026	5885.25	32.80
HSC HOSPITALS	2	21		25,930.00	1234.76	.010	12965.00	12.04
NON-HSC HOSPITALS TOTAL	10	35		44,693.03	1276.94	.016	4469.30	20.76
ACCOMMODATIONS	10	35		15,029.21	429.41	.016	1502.92	6.98
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	35		15,029.21	429.41	.016	1502.92	6.98
ANCILLARIES	10	0		29,663.82	.00	.000	2966.38	13.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	153	693		20,894.45	30.15	.322	136.57	9.70
MEDICAL	62	82		4,064.79	49.57	.038	65.56	1.89
SURGERY	12	15		713.96	47.60	.007	59.50	.33
PATHOLOGY	63	274		2,891.96	10.55	.127	45.90	1.34
RADIOLOGY	71	103		6,496.40	63.07	.048	91.50	3.02
ROOM USE	91	100		3,656.95	36.57	.046	40.19	1.70
CROSSOVERS/ALL OTH OUTPTNT	54	119		3,070.39	25.80	.055	56.86	1.43
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	59	175	\$	2,716.14	15.52	.081	46.04	1.26
PATHOLOGY	59	175		2,716.14	15.52	.081	46.04	1.26
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	428	633	\$	51,585.94	81.49	.294	120.53	23.96
CLINIC	27	102		1,899.22	18.62	.047	70.34	.88
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	402	531		49,686.72	93.57	.247	123.60	23.08

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

PAGE 18,536 03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,153 ELIGIBLES							
@ALL OTHER PROVIDERS	111	543	\$ 8,450.39	\$ 15.56	.252	\$ 76.13	\$ 3.92
DURABLE MED. EQUIP.	10	13	701.25	53.94	.006	70.13	.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	273	4,722.59	17.30	.127	295.16	2.19

AMBULANCES/AIR TRANS	16	273	2,922.59	10.71	.127	182.66	1.36
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	1,800.00	.00	.000	.00	.84
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.001	105.00	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	29	242.84	8.37	.013	18.68	.11
PHYSICAL THERAPIST	1	3	34.91	11.64	.001	34.91	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	127.77	63.89	.001	63.89	.06
PROSTHETICS	2	2	127.77	63.89	.001	63.89	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	165.24	55.08	.001	82.62	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	64	216	2,236.64	10.35	.100	34.95	1.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	9.15	4.58	.001	4.58	.00
@CALIF. CHILDREN SERVICES*	4	14	\$ 755.31	\$ 53.95	.007	\$ 188.83	\$ .35
@XOVER EXCLUDING STATE HOSP**	2	12	\$ 64.41	\$ 5.37	.006	\$ 32.21	\$ .03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,537
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	69	278	\$ 10,459.84	\$ 37.63	1.519	\$ 151.59	\$ 57.16
@PHYSICIANS SERVICES	4	6	\$ 190.59	\$ 31.77	.033	\$ 47.65	\$ 1.04
OUTPATIENT VISITS	1	1	88.81	88.81	.005	88.81	.49
OFFICE VISITS	1	1	88.81	88.81	.005	88.81	.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	3	5		101.78	20.36	.027	33.93	.56
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	45	123	\$	6,119.53	\$ 49.75	.672	\$ 135.99	\$ 33.44
PRESCRIPTION DRUGS	45	117		5,379.38	45.98	.639	119.54	29.40
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	45	117		5,379.38	45.98	.639	119.54	29.40
MEDICAL SUPPLIES	3	6		740.15	123.36	.033	246.72	4.04
@DENTIST	1	7	\$	36.00	\$ 5.14	.038	\$ 36.00	\$ .20
VISITS - DIAGNOSTIC	1	7		36.00	5.14	.038	36.00	.20
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,538  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR    SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.022	\$ 90.30	\$ .49
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.26
EYE APPLIANCES	1	3	42.85	14.28	.016	42.85	.23
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	1	3	\$ 31.26	\$ 10.42	.016	\$ 31.26	\$ .17
@TOTAL HOSPITAL	9	41	\$ 1,527.33	\$ 37.25	.224	\$ 169.70	\$ 8.35
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	41	1,527.33	37.25	.224	169.70	8.35
MEDICAL	3	7	228.28	32.61	.038	76.09	1.25
SURGERY	3	4	326.09	81.52	.022	108.70	1.78
PATHOLOGY	2	5	124.52	24.90	.027	62.26	.68
RADIOLOGY	4	8	395.62	49.45	.044	98.91	2.16
ROOM USE	6	8	309.54	38.69	.044	51.59	1.69
CROSSOVERS/ALL OTH OUTPTNT	4	9	143.28	15.92	.049	35.82	.78
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	41	\$ 1,527.33	\$ 37.25	.224	\$ 169.70	\$ 8.35
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	41	1,527.33	37.25	.224	169.70	8.35
MEDICAL	3	7	228.28	32.61	.038	76.09	1.25
SURGERY	3	4	326.09	81.52	.022	108.70	1.78
PATHOLOGY	2	5	124.52	24.90	.027	62.26	.68
RADIOLOGY	4	8	395.62	49.45	.044	98.91	2.16
ROOM USE	6	8	309.54	38.69	.044	51.59	1.69
CROSSOVERS/ALL OTH OUTPTNT	4	9	143.28	15.92	.049	35.82	.78
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$ 174.62	\$ 58.21	.016	\$ 174.62	\$ .95
HOSPITAL BASED	1	3	174.62	58.21	.016	174.62	.95
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	22	\$ 1,790.86	\$ 81.40	.120	\$ 94.26	\$ 9.79
CLINIC	1	2	22.94	11.47	.011	22.94	.13
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	20	1,767.92	88.40	.109	98.22	9.66
#CALIF DEPT OF HEALTH SERV							
MOP024							
YUBA COUNTY							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	69	\$	499.35	\$ 7.24	.377	\$ 49.94	\$ 2.73
DURABLE MED. EQUIP.	2	34		125.84	3.70	.186	62.92	.69
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	6		148.61	24.77	.033	74.31	.81
AMBULANCES/AIR TRANS	2	6		148.61	24.77	.033	74.31	.81
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	7		72.82	10.40	.038	36.41	.40
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	21		144.07	6.86	.115	48.02	.79
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		8.01	8.01	.005	8.01	.04
@CALIF. CHILDREN SERVICES*	3	38	\$	358.58	\$ 9.44	.208	\$ 119.53	\$ 1.96
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,541  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED      AID CODE 1E

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	77	1,854	\$ 51,887.12	\$ 27.99	27.265	\$ 673.86	\$ 763.05
@PHYSICIANS SERVICES	10	16	\$ 324.48	\$ 20.28	.235	\$ 32.45	\$ 4.77
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	16		324.48		20.28	.235	32.45	4.77
@PHARMACY	50	301	\$	12,383.68	\$	41.14	4.426	247.67	182.11
PRESCRIPTION DRUGS	46	176		12,151.17		69.04	2.588	264.16	178.69
SNF/ICF	10	58		2,507.04		43.22	.853	250.70	36.87
OUTPATIENTS	37	118		9,644.13		81.73	1.735	260.65	141.83
MEDICAL SUPPLIES	4	125		232.51		1.86	1.838	58.13	3.42
@DENTIST	2	7	\$	87.00	\$	12.43	.103	43.50	1.28
VISITS - DIAGNOSTIC	2	6		62.00		10.33	.088	31.00	.91
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		25.00		25.00	.015	25.00	.37
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,542  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED      AID CODE 1E

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6 \$	106.22	\$ 17.70	.088	\$ 35.41	\$ 1.56
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	6	106.22	17.70	.088	35.41	1.56
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2 \$	36.05	\$ 18.03	.029	\$ 36.05	\$ .53
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	36.05	18.03	.029	36.05	.53
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	10	\$	1,025.07	\$	102.51	.147	\$	256.27	\$	15.07
HOSP INPATIENT TOTAL	1	0		876.00		.00	.000		876.00		12.88
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		12.88
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	10		149.07		14.91	.147		37.27		2.19
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	10		149.07		14.91	.147		37.27		2.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,543  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED      AID CODE 1E

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	10	\$ 1,025.07	\$ 102.51	.147	\$ 256.27	\$ 15.07
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	12.88
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	12.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	10	149.07	14.91	.147	37.27	2.19
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10		149.07	14.91	.147	37.27	2.19
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	175	\$	25,485.04	145.63	2.574	2548.50	374.78
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	175		25,485.04	145.63	2.574	2548.50	374.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	268.08	268.08	.015	268.08	3.94
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		268.08	268.08	.015	268.08	3.94
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	13	\$	310.78	23.91	.191	34.53	4.57
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC  
#CALIF DEPT OF HEALTH SERV  
MOP024  
YUBA COUNTY

9 13 310.78 23.91 .191 34.53 4.57  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E  
----- MONTHLY AVERAGE -----  
PAGE 18,544  
03/14/05

68 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	1,323	\$ 11,860.72	\$ 8.97	19.456	\$ 847.19	\$ 174.42
DURABLE MED. EQUIP.	1	26	356.20	13.70	.382	356.20	5.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	34.85	17.43	.029	34.85	.51
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	34.85	17.43	.029	34.85	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	9	851.01	94.56	.132	425.51	12.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.029	26.08	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.77	.89	.029	1.77	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	87	9,884.94	113.62	1.279	4942.47	145.37
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	1,195	705.87	.59	17.574	100.84	10.38
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	23	578	\$ 6,991.66	\$ 12.10	8.500	\$ 303.99	\$ 102.82

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,545  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4	979	\$ 728.65	\$ .74	489.500	\$ 182.16	\$ 364.33
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	2	922	\$	459.42	\$ .50	461.000	\$ 229.71	\$ 229.71
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	2	922		459.42	.50	461.000	229.71	229.71
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,546  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

					----- MONTHLY AVERAGE -----			
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,547  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,548  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

YUBA COUNTY      SUMMARY OF SERVICES FOR      CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	57	\$ 269.23	\$ 4.72	28.500	\$ 134.62	\$ 134.62
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	57	269.23	4.72	28.500	134.62	134.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,549
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	478	6,727	\$ 245,164.58	\$ 36.44	13.701	\$ 512.90	\$ 499.32
@PHYSICIANS SERVICES	92	245	\$ 10,702.75	\$ 43.68	.499	\$ 116.33	\$ 21.80
OUTPATIENT VISITS	46	66	2,320.89	35.17	.134	50.45	4.73
OFFICE VISITS	39	49	1,457.37	29.74	.100	37.37	2.97

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	8	14		805.92	57.57	.029	100.74	1.64
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	3		57.60	19.20	.006	57.60	.12
INPATIENT VISITS	5	11		523.50	47.59	.022	104.70	1.07
HOSPITAL VISITS	5	11		523.50	47.59	.022	104.70	1.07
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		147.40	36.85	.008	36.85	.30
EXAMINATIONS	4	4		147.40	36.85	.008	36.85	.30
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	15		2,218.86	147.92	.031	443.77	4.52
PRINCIPAL SURGEON	4	6		1,925.54	320.92	.012	481.39	3.92
ASSISTANT SURGEON	1	1		92.70	92.70	.002	92.70	.19
ANESTHESIOLOGIST	2	8		200.62	25.08	.016	100.31	.41
OUTPATIENT SURGERY	3	4		935.03	233.76	.008	311.68	1.90
PRINCIPAL SURGEON	3	4		935.03	233.76	.008	311.68	1.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	2	7		156.32	22.33	.014	78.16	.32
PATHOLOGY	7	10		177.67	17.77	.020	25.38	.36
RADIOLOGY	25	36		2,685.30	74.59	.073	107.41	5.47
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	26		355.56	13.68	.053	355.56	.72
OTHER SERVICES/ALL X-OVERS	34	66		1,182.22	17.91	.134	34.77	2.41
@PHARMACY	298	3,839	\$	104,953.41	\$ 27.34	7.819	\$ 352.19	\$ 213.75
PRESCRIPTION DRUGS	296	1,104		103,276.94	93.55	2.248	348.91	210.34
SNF/ICF	31	184		11,163.82	60.67	.375	360.12	22.74
OUTPATIENTS	265	920		92,113.12	100.12	1.874	347.60	187.60
MEDICAL SUPPLIES	15	2,735		1,676.47	.61	5.570	111.76	3.41
@DENTIST	24	66	\$	4,876.00	\$ 73.88	.134	\$ 203.17	\$ 9.93
VISITS - DIAGNOSTIC	12	41		770.00	18.78	.084	64.17	1.57
ORAL SURGERY	2	2		90.00	45.00	.004	45.00	.18
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.002	118.00	.24
ENDODONTICS	1	1		.00	.00	.002	.00	.00
RESTORATIVE DENTISTRY	7	12		778.00	64.83	.024	111.14	1.58
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	8		2,980.00	372.50	.016	745.00	6.07
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		140.00	70.00	.004	70.00	.29
ALL OTHER SERVICES	0	1CR		.00	.00	.002CR	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,550  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 YUBA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

					----- MONTHLY AVERAGE -----			
491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	5	12	\$ 208.62	\$ 17.39	.024	\$ 41.72	\$ .42	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.10	
EYE APPLIANCES	4	10	160.12	16.01	.020	40.03	.33	
OTHER OPTOMETRIC SERVICES	1	1	1.05	1.05	.002	1.05	.00	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	5.95	\$	1.98	.006	\$	1.98	\$	.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	3		5.95		1.98	.006		1.98		.01
@HOME HEALTH AGENCY	2	28	\$	2,102.68	\$	75.10	.057	\$	1051.34	\$	4.28
NURSE ANESTHESIST	1	3	\$	71.85	\$	23.95	.006	\$	71.85	\$	.15
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	6	\$	157.20	\$	26.20	.012	\$	39.30	\$	.32
@TOTAL HOSPITAL	39	256	\$	41,673.37	\$	162.79	.521	\$	1068.55	\$	84.87
HOSP INPATIENT TOTAL	2	29		35,087.14		1209.90	.059		17543.57		71.46
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	29		35,087.14		1209.90	.059		17543.57		71.46
ACCOMMODATIONS	2	29		10,984.33		378.77	.059		5492.17		22.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	29		10,984.33		378.77	.059		5492.17		22.37
ANCILLARIES	2	0		24,102.81		.00	.000		12051.41		49.09
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	38	227		6,586.23		29.01	.462		173.32		13.41
MEDICAL	12	22		940.50		42.75	.045		78.38		1.92
SURGERY	2	2		57.67		28.84	.004		28.84		.12
PATHOLOGY	20	82		1,231.10		15.01	.167		61.56		2.51
RADIOLOGY	10	13		2,451.19		188.55	.026		245.12		4.99
ROOM USE	20	27		1,136.26		42.08	.055		56.81		2.31
CROSSOVERS/ALL OTH OUTPTNT	16	81		769.51		9.50	.165		48.09		1.57
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,551  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39	256	\$	41,673.37	\$ 162.79	.521	\$ 1068.55	\$ 84.87



COMM HOSP INPATIENT TOTAL	2	29		35,087.14	1209.90	.059	17543.57	71.46
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	29		35,087.14	1209.90	.059	17543.57	71.46
ACCOMMODATIONS	2	29		10,984.33	378.77	.059	5492.17	22.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	29		10,984.33	378.77	.059	5492.17	22.37
ANCILLARIES	2	0		24,102.81	.00	.000	12051.41	49.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	38	227		6,586.23	29.01	.462	173.32	13.41
MEDICAL	12	22		940.50	42.75	.045	78.38	1.92
SURGERY	2	2		57.67	28.84	.004	28.84	.12
PATHOLOGY	20	82		1,231.10	15.01	.167	61.56	2.51
RADIOLOGY	10	13		2,451.19	188.55	.026	245.12	4.99
ROOM USE	20	27		1,136.26	42.08	.055	56.81	2.31
CROSSOVERS/ALL OTH OUTPTNT	16	81		769.51	9.50	.165	48.09	1.57
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	23	440	\$	59,070.28	134.25	.896	2568.27	120.31
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,884.92	125.32	.063	3884.92	7.91
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	22	409		55,185.36	134.93	.833	2508.43	112.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	3	\$	1,404.31	468.10	.006	468.10	2.86
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	3		1,404.31	468.10	.006	468.10	2.86
@REHABILITATION FACILITY	2	4	\$	165.87	41.47	.008	82.94	.34
HOSPITAL BASED	2	4		165.87	41.47	.008	82.94	.34
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	22	92	\$	1,015.25	11.04	.187	46.15	2.07
PATHOLOGY	22	92		1,015.25	11.04	.187	46.15	2.07
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	85	129	\$	8,756.72	67.88	.263	103.02	17.83
CLINIC	1	2		22.94	11.47	.004	22.94	.05
SURGICENTER	1	2		20.00	10.00	.004	20.00	.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	83	125		8,713.78	69.71	.255	104.99	17.75

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 18,552 03/14/05

		----- MONTHLY AVERAGE -----						
491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	76	1,601	\$ 10,000.32	\$ 6.25	3.261	\$ 131.58	\$ 20.37	
DURABLE MED. EQUIP.	14	19	2,897.56	152.50	.039	206.97	5.90	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	2	50.00	25.00	.004	25.00	.10	
MEDICAL TRANSPORTATION	11	188	1,796.30	9.55	.383	163.30	3.66	

AMBULANCES/AIR TRANS	6	19	709.91	37.36	.039	118.32	1.45
OTHER TRANS	5	169	1,086.39	6.43	.344	217.28	2.21
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	87.92	10.99	.016	21.98	.18
PHYSICAL THERAPIST	3	29	428.22	14.77	.059	142.74	.87
PORTABLE X-RAY	2	3	1.70	.57	.006	.85	.00
PROSTHETIST/ORTHOTISTS	3	16	157.53	9.85	.033	52.51	.32
PROSTHETICS	3	16	157.53	9.85	.033	52.51	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	209.68	41.94	.010	104.84	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	152	630.51	4.15	.310	45.04	1.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	1,179	3,740.90	3.17	2.401	143.88	7.62
@CALIF. CHILDREN SERVICES*	7	32	\$ 1,071.71	\$ 33.49	.065	\$ 153.10	\$ 2.18
@XOVER EXCLUDING STATE HOSP**	45	105	\$ 9,019.24	\$ 85.90	.214	\$ 200.43	\$ 18.37

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,553
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	559	9,560	\$ 297,780.35	\$ 31.15	17.041	\$ 532.70	\$ 530.80
@PHYSICIANS SERVICES	102	261	\$ 11,027.23	\$ 42.25	.465	\$ 108.11	\$ 19.66
OUTPATIENT VISITS	46	66	2,320.89	35.17	.118	50.45	4.14
OFFICE VISITS	39	49	1,457.37	29.74	.087	37.37	2.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	14	805.92	57.57	.025	100.74	1.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	3	57.60	19.20	.005	57.60	.10
INPATIENT VISITS	5	11	523.50	47.59	.020	104.70	.93
HOSPITAL VISITS	5	11	523.50	47.59	.020	104.70	.93
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	147.40	36.85	.007	36.85	.26
EXAMINATIONS	4	4	147.40	36.85	.007	36.85	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	15	2,218.86	147.92	.027	443.77	3.96
PRINCIPAL SURGEON	4	6	1,925.54	320.92	.011	481.39	3.43
ASSISTANT SURGEON	1	1	92.70	92.70	.002	92.70	.17
ANESTHESIOLOGIST	2	8	200.62	25.08	.014	100.31	.36
OUTPATIENT SURGERY	3	4	935.03	233.76	.007	311.68	1.67
PRINCIPAL SURGEON	3	4	935.03	233.76	.007	311.68	1.67

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	2	7	156.32	22.33	.012	78.16	.28
PATHOLOGY	7	10	177.67	17.77	.018	25.38	.32
RADIOLOGY	25	36	2,685.30	74.59	.064	107.41	4.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	26	355.56	13.68	.046	355.56	.63
OTHER SERVICES/ALL X-OVERS	44	82	1,506.70	18.37	.146	34.24	2.69
@PHARMACY	350	5,062	\$ 117,796.51	\$ 23.27	9.023	\$ 336.56	\$ 209.98
PRESCRIPTION DRUGS	342	1,280	115,428.11	90.18	2.282	337.51	205.75
SNF/ICF	41	242	13,670.86	56.49	.431	333.44	24.37
OUTPATIENTS	302	1,038	101,757.25	98.03	1.850	336.94	181.39
MEDICAL SUPPLIES	21	3,782	2,368.40	.63	6.742	112.78	4.22
@DENTIST	26	73	\$ 4,963.00	\$ 67.99	.130	\$ 190.88	\$ 8.85
VISITS - DIAGNOSTIC	14	47	832.00	17.70	.084	59.43	1.48
ORAL SURGERY	2	2	90.00	45.00	.004	45.00	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.21
ENDODONTICS	1	1	.00	.00	.002	.00	.00
RESTORATIVE DENTISTRY	7	12	778.00	64.83	.021	111.14	1.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	9	3,005.00	333.89	.016	601.00	5.36
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	140.00	70.00	.004	70.00	.25
ALL OTHER SERVICES	0	1CR	.00	.00	.002CR	.00	.00

#CALIF DEPT OF HEALTH SERV  
 MOP024  
 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 18,554  
 03/14/05

----- MONTHLY AVERAGE -----

561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	18 \$	314.84	\$ 17.49	.032	\$ 39.36	\$ .56
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.08
EYE APPLIANCES	7	16	266.34	16.65	.029	38.05	.47
OTHER OPTOMETRIC SERVICES	1	1	1.05	1.05	.002	1.05	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	5 \$	42.00	\$ 8.40	.009	\$ 10.50	\$ .07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	5	42.00	8.40	.009	10.50	.07
@HOME HEALTH AGENCY	2	28 \$	2,102.68	\$ 75.10	.050	\$ 1051.34	\$ 3.75
NURSE ANESTHESIST	1	3 \$	71.85	\$ 23.95	.005	\$ 71.85	\$ .13
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	4	6 \$	157.20	\$ 26.20	.011	\$ 39.30	\$ .28
@TOTAL HOSPITAL	43	266 \$	42,698.44	\$ 160.52	.474	\$ 992.99	\$ 76.11
HOSP INPATIENT TOTAL	3	29	35,963.14	1240.11	.052	11987.71	64.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	29	35,087.14	1209.90	.052	17543.57	62.54
ACCOMMODATIONS	2	29	10,984.33	378.77	.052	5492.17	19.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	29	10,984.33	378.77	.052	5492.17	19.58
ANCILLARIES	2	0	24,102.81	.00	.000	12051.41	42.96
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	1.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	237	6,735.30	28.42	.422	160.36	12.01
MEDICAL	12	22	940.50	42.75	.039	78.38	1.68
SURGERY	2	2	57.67	28.84	.004	28.84	.10
PATHOLOGY	20	82	1,231.10	15.01	.146	61.56	2.19
RADIOLOGY	10	13	2,451.19	188.55	.023	245.12	4.37
ROOM USE	20	27	1,136.26	42.08	.048	56.81	2.03
CROSSOVERS/ALL OTH OUTPTNT	20	91	918.58	10.09	.162	45.93	1.64
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	266	\$ 42,698.44	\$ 160.52	.474	\$ 992.99	\$ 76.11
COMM HOSP INPATIENT TOTAL	3	29	35,963.14	1240.11	.052	11987.71	64.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	29	35,087.14	1209.90	.052	17543.57	62.54
ACCOMMODATIONS	2	29	10,984.33	378.77	.052	5492.17	19.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	29	10,984.33	378.77	.052	5492.17	19.58
ANCILLARIES	2	0	24,102.81	.00	.000	12051.41	42.96
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	1.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	42	237	6,735.30	28.42	.422	160.36	12.01
MEDICAL	12	22	940.50	42.75	.039	78.38	1.68
SURGERY	2	2	57.67	28.84	.004	28.84	.10
PATHOLOGY	20	82	1,231.10	15.01	.146	61.56	2.19
RADIOLOGY	10	13	2,451.19	188.55	.023	245.12	4.37
ROOM USE	20	27	1,136.26	42.08	.048	56.81	2.03
CROSSOVERS/ALL OTH OUTPTNT	20	91	918.58	10.09	.162	45.93	1.64
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	33	615	\$ 84,555.32	\$ 137.49	1.096	\$ 2562.28	\$ 150.72
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31	3,884.92	125.32	.055	3884.92	6.92
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	32	584	80,670.40	138.13	1.041	2520.95	143.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	4	\$ 1,672.39	\$ 418.10	.007	\$ 418.10	\$ 2.98
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	4	1,672.39	418.10	.007	418.10	2.98
@REHABILITATION FACILITY	2	4	\$ 165.87	\$ 41.47	.007	\$ 82.94	\$ .30
HOSPITAL BASED	2	4	165.87	41.47	.007	82.94	.30
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	22	92	\$ 1,015.25	\$ 11.04	.164	\$ 46.15	\$ 1.81
PATHOLOGY	22	92	1,015.25	11.04	.164	46.15	1.81
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	94	142	\$ 9,067.50	\$ 63.86	.253	\$ 96.46	\$ 16.16
CLINIC	1	2	22.94	11.47	.004	22.94	.04
SURGICENTER	1	2	20.00	10.00	.004	20.00	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	92	138	9,024.56	65.40	.246	98.09	16.09

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 18,556 03/14/05

561 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE  
UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	92	2,981	\$	22,130.27	\$ 7.42	5.314	\$ 240.55	\$ 39.45
DURABLE MED. EQUIP.	15	45		3,253.76	72.31	.080	216.92	5.80
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		50.00	25.00	.004	25.00	.09
MEDICAL TRANSPORTATION	12	190		1,831.15	9.64	.339	152.60	3.26
AMBULANCES/AIR TRANS	6	19		709.91	37.36	.034	118.32	1.27
OTHER TRANS	5	169		1,086.39	6.43	.301	217.28	1.94
OTHER SERVICES	1	2		34.85	17.43	.004	34.85	.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	9		851.01	94.56	.016	425.51	1.52
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		114.00	11.40	.018	22.80	.20
PHYSICAL THERAPIST	3	29		428.22	14.77	.052	142.74	.76
PORTABLE X-RAY	3	5		3.47	.69	.009	1.16	.01
PROSTHETIST/ORTHOTISTS	3	16		157.53	9.85	.029	52.51	.28
PROSTHETICS	3	16		157.53	9.85	.029	52.51	.28
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5		209.68	41.94	.009	104.84	.37
HOSPICE SERVICES	2	87		9,884.94	113.62	.155	4942.47	17.62
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	209		899.74	4.30	.373	56.23	1.60
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	2,374		4,446.77	1.87	4.232	134.75	7.93
@CALIF. CHILDREN SERVICES*	7	32	\$	1,071.71	\$ 33.49	.057	\$ 153.10	\$ 1.91
@XOVER EXCLUDING STATE HOSP**	68	683	\$	16,010.90	\$ 23.44	1.217	\$ 235.45	\$ 28.54

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,557  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TOTAL CERTIFIED

	207,843 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	132,832		1,512,968	\$ 65,071,592.36	\$ 43.01	7.279	\$ 489.88	\$ 313.08
@PHYSICIANS SERVICES	29,773		98,566	\$ 3,625,188.41	\$ 36.78	.474	\$ 121.76	\$ 17.44
OUTPATIENT VISITS	12,065		16,189	625,949.00	38.67	.078	51.88	3.01
OFFICE VISITS	10,111		13,405	455,588.81	33.99	.064	45.06	2.19
HOME VISITS	42		47	2,356.00	50.13	.000	56.10	.01
EMERGENCY ROOM	768		841	48,920.89	58.17	.004	63.70	.24
PREVENTIVE CARE	12		12	456.38	38.03	.000	38.03	.00
OB VISITS/COMPRI PERI	780		1,185	98,444.58	83.08	.006	126.21	.47
OTHER OUTPATIENT	589		699	20,182.34	28.87	.003	34.27	.10
INPATIENT VISITS	1,617		5,866	361,456.66	61.62	.028	223.54	1.74
HOSPITAL VISITS	1,452		4,383	195,633.77	44.63	.021	134.73	.94
CRITICAL CARE	191		1,153	158,274.49	137.27	.006	828.66	.76
SNF/ICF/TRANS IP CARE	99		330	7,548.40	22.87	.002	76.25	.04
OPHTHALMOLOGICAL SERVICES	821		1,050	41,629.29	39.65	.005	50.71	.20
EXAMINATIONS	812		1,038	41,349.00	39.84	.005	50.92	.20
SERVICES AND MATERIALS	12		12	280.29	23.36	.000	23.36	.00

INPATIENT HOSPITAL SURGERY	1,573	7,072	899,325.36	127.17	.034	571.73	4.33
PRINCIPAL SURGEON	1,060	1,422	725,662.03	510.31	.007	684.59	3.49
ASSISTANT SURGEON	226	226	42,524.81	188.16	.001	188.16	.20
ANESTHESIOLOGIST	628	5,424	131,138.52	24.18	.026	208.82	.63
OUTPATIENT SURGERY	1,806	4,469	379,261.93	84.87	.022	210.00	1.82
PRINCIPAL SURGEON	1,529	2,073	319,838.73	154.29	.010	209.18	1.54
ASSISTANT SURGEON	20	20	2,674.78	133.74	.000	133.74	.01
ANESTHESIOLOGIST	407	2,376	56,748.42	23.88	.011	139.43	.27
DIALYSIS	112	333	28,204.49	84.70	.002	251.83	.14
PATHOLOGY	949	1,852	32,550.67	17.58	.009	34.30	.16
RADIOLOGY	10,090	17,051	612,231.38	35.91	.082	60.68	2.95
PSYCHIATRY	10	10	411.43	41.14	.000	41.14	.00
IMMUNIZATION AND INJECTION	567	2,363	35,679.21	15.10	.011	62.93	.17
OTHER SERVICES/ALL X-OVERS	9,878	42,311	608,488.99	14.38	.204	61.60	2.93
@PHARMACY	75,833	589,816	\$ 23,852,229.47	\$ 40.44	2.838	\$ 314.54	\$ 114.76
PRESCRIPTION DRUGS	74,922	265,651	22,758,823.20	85.67	1.278	303.77	109.50
SNF/ICF	1,754	15,592	977,875.83	62.72	.075	557.51	4.70
OUTPATIENTS	73,261	250,059	21,780,947.37	87.10	1.203	297.31	104.80
MEDICAL SUPPLIES	5,211	324,165	1,093,406.27	3.37	1.560	209.83	5.26
@DENTIST	8,887	44,271	\$ 1,577,136.52	\$ 35.62	.213	\$ 177.47	\$ 7.59
VISITS - DIAGNOSTIC	6,028	27,876	387,423.86	13.90	.134	64.27	1.86
ORAL SURGERY	1,405	3,441	201,871.89	58.67	.017	143.68	.97
DRUGS	195	217	4,968.75	22.90	.001	25.48	.02
ANESTHESIA	90	102	8,986.00	88.10	.000	99.84	.04
PERIODONTICS	277	300	31,909.50	106.37	.001	115.20	.15
ENDODONTICS	642	1,329	187,614.75	141.17	.006	292.23	.90
RESTORATIVE DENTISTRY	2,880	8,466	491,063.18	58.00	.041	170.51	2.36
PROSTHETICS	42	45	1,530.00	34.00	.000	36.43	.01
DENTURES, STAYPLATES	490	1,362	199,816.00	146.71	.007	407.79	.96
SPACE MAINTAINERS	46	60	6,342.00	105.70	.000	137.87	.03
MAXILLOFACIAL SERVICES	17	19	4,325.59	227.66	.000	254.45	.02
FRACTURES, DISLOCATIONS	2	2	1,300.00	650.00	.000	650.00	.01
ORTHODONTIC SERVICES	486	610	45,885.00	75.22	.003	94.41	.22
ALL OTHER SERVICES	355	442	4,100.00	9.28	.002	11.55	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,558
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED						

207,843 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	2,957			8,545	\$	180,183.87	\$	21.09		.041		\$ 60.93	\$	.87	
DIAGNOSTIC AND ANC. PROCED	1,759			2,065		77,758.52		37.66		.010		44.21		.37	
EYE APPLIANCES	2,254			6,331		98,232.42		15.52		.030		43.58		.47	
OTHER OPTOMETRIC SERVICES	106			149		4,192.93		28.14		.001		39.56		.02	
@CHIROPRACTOR	843			2,281	\$	35,796.30	\$	15.69		.011		42.46	\$	.17	
VISITS	813			2,223		35,074.38		15.78		.011		43.14		.17	
OTHER SERVICES	30			58		721.92		12.45		.000		24.06		.00	
@PODIATRIST	421			510	\$	5,266.26	\$	10.33		.002		12.51	\$	.03	
MEDICINE/INJECTIONS	67			78		2,070.10		26.54		.000		30.90		.01	
SURGERY/ANES.	2			2		265.45		132.73		.000		132.73		.00	
RADIO./PATHOLOGY	6			6		95.15		15.86		.000		15.86		.00	
OTHER	351			424		2,835.56		6.69		.002		8.08		.01	
@HOME HEALTH AGENCY	1,118			8,021	\$	350,947.39	\$	43.75		.039		313.91	\$	1.69	
NURSE ANESTHESIST	71			671	\$	7,301.25	\$	10.88		.003		102.83	\$	.04	
NURSE MIDWIFE	222			547	\$	160,396.66	\$	293.23		.003		722.51	\$	.77	
PEDIATRIC NURSE PRACTITIONER	2			2	\$	166.00	\$	83.00		.000		83.00	\$	.00	

FAMILY NURSE PRACTITIONER	2,965	6,850	\$	109,524.85	\$	15.99	.033	\$	36.94	\$	.53
@TOTAL HOSPITAL	19,245	97,847	\$	18,661,396.55	\$	190.72	.471	\$	969.68	\$	89.79
HOSP INPATIENT TOTAL	2,429	9,384		15,873,517.41		1691.55	.045		6535.00		76.37
HSC HOSPITALS	330	2,241		3,109,608.94		1387.60	.011		9423.06		14.96
NON-HSC HOSPITAL TOTAL	1,654	7,143		12,367,243.48		1731.38	.034		7477.17		59.50
ACCOMMODATIONS	1,653	7,143		3,445,478.91		482.36	.034		2084.38		16.58
ADMINISTRATIVE DAYS	6	56		12,365.05		220.80	.000		2060.84		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,647	7,087		3,433,113.86		484.42	.034		2084.47		16.52
ANCILLARIES	1,652	0		8,921,764.57		.00	.000		5400.58		42.93
INPATIENT CROSSOVERS	473	0		396,664.99		.00	.000		838.62		1.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17,741	88,463		2,787,879.14		31.51	.426		157.14		13.41
MEDICAL	5,576	9,351		475,221.12		50.82	.045		85.23		2.29
SURGERY	1,482	1,816		97,906.02		53.91	.009		66.06		.47
PATHOLOGY	6,732	29,824		373,923.20		12.54	.143		55.54		1.80
RADIOLOGY	7,140	10,076		689,635.78		68.44	.048		96.59		3.32
ROOM USE	8,497	12,144		477,892.45		39.35	.058		56.24		2.30
CROSSOVERS/ALL OTH OUTPTNT	6,843	25,252		673,300.57		26.66	.121		98.39		3.24
@COUNTY HOSPITAL TOTAL	45	281	\$	60,256.80	\$	214.44	.001	\$	1339.04	\$	.29
CO HOSPITAL INPATIENT TOTAL	4	40		52,562.02		1314.05	.000		13140.51		.25
HSC HOSPITALS	4	40		52,562.02		1314.05	.000		13140.51		.25
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	43	241		7,694.78		31.93	.001		178.95		.04
MEDICAL	12	16		861.06		53.82	.000		71.76		.00



SURGERY	12	16	614.74	38.42	.000	51.23	.00
PATHOLOGY	12	90	1,694.39	18.83	.000	141.20	.01
RADIOLOGY	6	8	461.75	57.72	.000	76.96	.00
ROOM USE	28	49	2,765.87	56.45	.000	98.78	.01
CROSSOVERS/ALL OTH OUTPTNT	25	62	1,296.97	20.92	.000	51.88	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 18,559  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
YUBA COUNTY      SUMMARY OF SERVICES FOR      TOTAL CERTIFIED

	207,843 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,205	97,566	\$	18,601,139.75	\$ 190.65	.469	\$ 968.56	\$ 89.50
COMM HOSP INPATIENT TOTAL	2,425	9,344		15,820,955.39	1693.17	.045	6524.11	76.12
HSC HOSPITALS	326	2,201		3,057,046.92	1388.94	.011	9377.44	14.71
NON-HSC HOSPITALS TOTAL	1,654	7,143		12,367,243.48	1731.38	.034	7477.17	59.50
ACCOMMODATIONS	1,653	7,143		3,445,478.91	482.36	.034	2084.38	16.58
ADMINISTRATIVE DAYS	6	56		12,365.05	220.80	.000	2060.84	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,647	7,087		3,433,113.86	484.42	.034	2084.47	16.52
ANCILLARIES	1,652	0		8,921,764.57	.00	.000	5400.58	42.93
INPATIENT CROSSOVERS	473	0		396,664.99	.00	.000	838.62	1.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17,702	88,222		2,780,184.36	31.51	.424	157.05	13.38
MEDICAL	5,565	9,335		474,360.06	50.82	.045	85.24	2.28
SURGERY	1,470	1,800		97,291.28	54.05	.009	66.18	.47
PATHOLOGY	6,720	29,734		372,228.81	12.52	.143	55.39	1.79
RADIOLOGY	7,134	10,068		689,174.03	68.45	.048	96.60	3.32
ROOM USE	8,470	12,095		475,126.58	39.28	.058	56.10	2.29
CROSSOVERS/ALL OTH OUTPTNT	6,821	25,190		672,003.60	26.68	.121	98.52	3.23
@STATE HOSPITAL	8	233	\$	139,197.74	\$ 597.42	.001	\$ 17399.72	\$ .67
MENTALLY ILL	8	233		139,197.74	597.42	.001	17399.72	.67
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,798	49,047	\$	6,087,537.91	\$ 124.12	.236	\$ 3385.73	\$ 29.29
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	13	375		42,358.00	112.95	.002	3258.31	.20
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	731		436,408.77	597.00	.004	20781.37	2.10
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,764	47,941		5,608,771.14	116.99	.231	3179.58	26.99
@INTERMEDIATE CARE FACIL.-DD	61	1,858	\$	338,514.54	\$ 182.19	.009	\$ 5549.42	\$ 1.63
ICF DDH	24	730		115,298.20	157.94	.004	4804.09	.55
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	37	1,128		223,216.34	197.89	.005	6032.87	1.07
@HEMODIALYSIS TOTAL	483	17,398	\$	661,784.49	\$ 38.04	.084	\$ 1370.15	\$ 3.18
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	483	17,398		661,784.49	38.04	.084	1370.15	3.18
@REHABILITATION FACILITY	32	56	\$	2,690.05	\$ 48.04	.000	\$ 84.06	\$ .01
HOSPITAL BASED	30	53		2,599.18	49.04	.000	86.64	.01
INDEPENDENT FACILITY	2	3		90.87	30.29	.000	45.44	.00
@LABORATORY FACILITY	9,521	34,966	\$	451,864.75	\$ 12.92	.168	\$ 47.46	\$ 2.17
PATHOLOGY	9,482	34,895		451,265.65	12.93	.168	47.59	2.17
XO AND OTHERS	40	71		599.10	8.44	.000	14.98	.00
@ORGANIZED OUTPATIENT CLINIC	45,245	82,352	\$	6,265,191.91	\$ 76.08	.396	\$ 138.47	\$ 30.14
CLINIC	1,613	7,725		173,543.83	22.47	.037	107.59	.83
SURGICENTER	290	1,143		55,337.71	48.41	.005	190.82	.27
HEROIN DETOX CLINIC	14	154		1,906.65	12.38	.001	136.19	.01

RURAL HEALTH CLINIC  
#CALIF DEPT OF HEALTH SERV  
MOP024  
YUBA COUNTY

43,633                      73,330                      6,034,403.72                      82.29                      .353                      138.30                      29.03  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004                      PAGE 18,560  
FEE-FOR-SERVICE/DENTAL                      03/14/05  
SUMMARY OF SERVICES FOR    TOTAL CERTIFIED

						----- MONTHLY AVERAGE -----		
207,843 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	17,622	469,131	\$ 2,559,277.44	\$ 5.46	2.257	\$ 145.23	\$ 12.31	
DURABLE MED. EQUIP.	1,520	4,018	404,271.35	100.62	.019	265.97	1.95	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	174	220	23,346.86	106.12	.001	134.18	.11	
MEDICAL TRANSPORTATION	2,343	68,904	559,600.71	8.12	.332	238.84	2.69	
AMBULANCES/AIR TRANS	1,846	17,691	278,817.36	15.76	.085	151.04	1.34	
OTHER TRANS	401	50,497	211,707.82	4.19	.243	527.95	1.02	
OTHER SERVICES	198	716	69,075.53	96.47	.003	348.87	.33	
ACUPUNCTURE	54	119	1,822.97	15.32	.001	33.76	.01	
ADULT DAY HEALTH CARE CTR	31	362	25,201.88	69.62	.002	812.96	.12	
GENETIC DISEASE TESTING	280	281	29,481.00	104.91	.001	105.29	.14	
IHMC,MODEL-NF,NF,AIDS,MSSP	573	12,123	504,658.49	41.63	.058	880.73	2.43	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,496	5,586	56,083.13	10.04	.027	22.47	.27	
PHYSICAL THERAPIST	118	729	10,633.64	14.59	.004	90.12	.05	
PORTABLE X-RAY	63	95	389.08	4.10	.000	6.18	.00	
PROSTHETIST/ORTHOTISTS	337	679	61,728.89	90.91	.003	183.17	.30	
PROSTHETICS	335	675	61,606.14	91.27	.003	183.90	.30	
ORTHOTICS	2	4	122.75	30.69	.000	61.38	.00	
PSYCHOLOGIST	7	20	418.04	20.90	.000	59.72	.00	
SPEECH AND AUDIOLOGY	612	1,692	78,192.79	46.21	.008	127.77	.38	
HOSPICE SERVICES	90	1,880	213,965.99	113.81	.009	2377.40	1.03	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	5,541	55,495	361,475.69	6.51	.267	65.24	1.74	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	4,396	316,928	228,006.93	.72	1.525	51.87	1.10	
@CALIF. CHILDREN SERVICES*	887	21,476	\$ 2,769,757.57	\$ 128.97	.103	\$ 3122.61	\$ 13.33	
@XOVER EXCLUDING STATE HOSP**	9,793	100,404	\$ 1,593,075.17	\$ 15.87	.483	\$ 162.67	\$ 7.66	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.